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13-40
17-39
K23159

DEC 22 1941 399

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4355

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2523 Highland Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution at home
(Specify whether
In this community Fifteen years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2523 Highland Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

046
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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1941 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from November 3rd to November 22, 1941
that I last saw her alive on November 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Due to Infarct

Due to Septic Endometritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Dr. C. Lewis (M. D. or other)
Address Lawyer Bldg Date signed 11/24/41

Duration
3 wks

Don't know
9 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Doris Allen
3. (b) If veteran, name war no
3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Otis Allen
6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased March 8, 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 8 14 hr. min.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Henderson
13. Birthplace Kirkville, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dyer
15. Birthplace Higginsville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Otis Allen
(b) Address 2523 Highland

17. (a) Burial (b) Date thereof Nov. 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Cemetery

18. (a) Signature of funeral director Wrest Appleton
(b) Address 1905 Vines

19. (a) 11-25-41 (b) M. M. Chow
(Date received local registrar) (Registrar's signature)

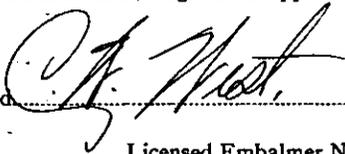
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

copy of

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed .....

Licensed Embalmer No. 2210.....

P. O. Address H. C. MO......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. **4355**

1. PLACE OF DEATH:

(a) County
 (b) City or town
 (c) Name of hospital or institution:
2523 Highland Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME **Doris Allen**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex 5. Color or race 6. (a) Single, widowed, married, divorced
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **16** Months Days If less than one day
 hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER {
 12. Name
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name
 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)
 (Burial, cremation, or removal)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address **12731/41**

19. (a) (b) **M. H. Brown** (Registrar's signature)
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
 (c) City or town (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **22**
 year **1941** hour minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
 that I last saw h alive on 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death
Mitral regurgitation
 Due to **infarcts**
Septic endocarditis
Endometritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)
 Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-37560

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.