DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2430

FILED FEB 12 1942

State File No.

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 10

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town R.F.D. Lee's Summit Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 3 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Lee's Summit
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME Sarah Elenor Allan
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lewis Allan
6. (c) Age of husband ~~or wife if~~ alive 38 years
7. Birth date of deceased February (Month) 22 (Day) 1909 (Year)

8. AGE: Years 33 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Americus (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Lewis Brown
13. Birthplace Unknown (City, town, or county) — (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) — (State or foreign country)
16. (a) Informant's own signature Lewis Allan
(b) Address Lee's Summit Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Melvern Kansas
18. (a) Signature of funeral director F. M. Schick
(b) Address Lee's Summit Mo
19. (a) Jan 26-1942 (Date received local registrar) (b) F. M. Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 25 day 25th year 1942 hour ? minute ? M.
21. I hereby certify that I attended the deceased from 4-10, 1942, to 1-25, 1942 that I last saw her alive on 1-16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death (occlusion)	Duration
Coronary occlusion	?
Hypertension	?
~~Due to~~ Arthritis	?
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

94 N

Major findings:
Of operations —
Of autopsy —

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) [signature]
Address Lee's Summit Date signed 1/26/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
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MAY 13 19

JUN 29 1954

JAN 11 1956

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 R. M. Schick

Licensed Embalmer No. 1856

P. O. Address Lee's Summit

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, above space should be left blank.