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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

Registration District No. 599

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 23267

Registrar's No. 2734

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: St. Joseph Hospt. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 71 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3831 Kensington
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME ROBT. HENRY ALLEN

3. (b) If veteran, name war no.

3. (c) Social Security No. 493-12-4439

4. Sex Male O

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Allen

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Febr. (Month) 12th. (Day) 1871 (Year)

8. AGE: Years 71 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Retired Dairyman

11. Industry or business

FATHER
12. Name Willis M. Allen
13. Birthplace Ky. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Lewis
15. Birthplace Kansas / (City, town, or county) (State or foreign country)

16. (a) Informant Lucy Allen
(b) Address 3831 Kensington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Brookings Cem.

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Blvd. K.C.Mo.

19. (a) 7-18-42 (Date received local registrar) (b) M. M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1942 hour minute P M.

21. I hereby certify that I attended the deceased from July 11, 1942 to July 16, 1942
that I last saw him alive on July 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach

Due to 46B

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Gastroscopy
Of autopsy Same

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

23. Signature D. John [illegible] (M. D. or other)
Address 140 2 Bergant Date signed 7/16/42

(Licensed Embalmer's Statement on Reverse Side)

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 L

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.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23267

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2734

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

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:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

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

3. (a) PRINT FULL NAME: Robt. Henry Allen

3. (b) If veteran, name war

3. (c) Social Security No. 443-12-4439

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Lucy

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Feb. (Month) 12 (Day) 1871 (Year)

8. AGE: Years 71 Months 5 Days If less than one day: hr. min.

9. Birthplace: (City, town, or county) MO (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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 7/18/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 16 year 1942 hour 9 minute M.

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

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY