

FILED SEP 16 1942  
749

Registration District No. ....

Primary Registration District No. **1002**

Registrar's No. **3342**

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. Mary's**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **19 Days**  
(Specify whether years, months or days)  
 In this community **19 Days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL.")  
 (d) Street No. **440 N. Hardesty**  
(If rural, give location)  
 (e) Citizen of foreign country? **Yes** (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **MARGARET ANN ALLEN**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Fe.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **August 21, 1942**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**18 19** hr. .... min.

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

10. Usual occupation **None**

11. Industry or business **None**

12. Name **James O. Allen**

13. Birthplace **Arkansas**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARtha Andrews**

15. Birthplace **Arkansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **James O. Allen**

(b) Address **440 N. Hardesty**

17. (a) **Burial** (b) Date thereof **Sept. 10, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc.**

(b) Address **Kansas City, Mo.**

19. (a) **9-10-42** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **9**  
 year **1942** hour **2** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Aug 21**  
 to **Sept 9** 1942  
 that I last saw him alive on **Sept 8** 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
**Coronithal Heart Disease** 19 days  
**Coronithal Embolical Thromb** 1 day  
 Due to **157E**

Other conditions:  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations **Embolic Thromb**  
 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? .....

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

(e) Means of injury .....

23. Signature **[Signature]** (M. D. or other) **[Signature]**

Address **1239 E. Howard** Date signed **9-9-42**

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

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**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.**