

FILED OCT 5 1942 49  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING 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 **General Hospital No. 1**  
**Outpatient**  
(If not in hospital or institution, write street number or address)

(d) Length of stay: In hospital or institution **20 Years**  
(Specify whether 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. **2915 Benton Plaza**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **LILLIAN ALLENDER**

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

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **William Allender**

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

7. Birth date of deceased **January 12 1877**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **8** Days **17/3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **House wife**

11. Industry or business **Same**

MOTHER FATHER { 12. Name **Johnnie Foster**

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

14. Maiden name **Elizabeth Hudson**

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

16. (a) Informant **Mrs. Rose Hill**

(b) Address **2919 Benton Plaza**

17. (a) **Burial** (b) Date thereof **9/28-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill**

18. (a) Signature of funeral director **Rose & Henderson**

(b) Address **4139 E. 15th St.**

19. (a) **9-26-42** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **25**  
year **1942** hour **2:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **8-17-42**, 19\_\_\_\_, to **9-25-42**, 19\_\_\_\_;  
that I last saw **her** alive on **9-24-42**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **BRONCHIAL ASTHMA**

Due to **117**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy **None**

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 **Dr. J. B. Thom** (M. D. or other) \_\_\_\_\_  
Address **Gen. Hospital** Date signed \_\_\_\_\_

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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

*G. E. Anderson*

Licensed Embalmer No.

*3657*

P. O. Address

*11-6 2nd*

**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.**