

FILED OCT 2 1942

Registration District No. 147

Primary Registration District No. 5-69

Registrar's No. 89

48  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Raytown**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**76 & 50 Highway**  
(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) **40 Yrs.**

3. (a) PRINT FULL NAME **Robt. H. Allen**

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

3. (c) Social Security No. **no**

4. Sex **Male**

5. Color or race **Wh.**

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

6. (b) Name of husband or wife **Mildred E. Allen**

6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **April 30 1902**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**40 4 7** hr. min.

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

10. Usual occupation

11. Industry or business **Allen Dairy**

MOTHER FATHER { 12. Name **Robt. Henry Allen**

{ 13. Birthplace **Kansas City Mo.**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Lucy Leach**

{ 15. Birthplace **Mt. Sterling Ky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mildred E. Allen**

(b) Address **76 & 50 Highway**

17. (a) **Burial** (b) Date thereof **9-10-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brooking**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood K.C.Mo.**

19. (a) **Sept 9 1942** (b) **M. E. Sarvon**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Raytown**  
(If outside city or town limits, write "RURAL")

(d) Street No. **76 & 50 Highway**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **8**  
year **1942** hour **7:30** minute **a** 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 **Severe aortitis**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) **Zod**

Major findings:  
Of operations.....

Of autopsy **See above**

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) (a) Means of injury.....

23. Signature **[Signature]** (M. D. or other) **3**

Address..... Date signed **9/8/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 25 1954

**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 Wicks*.....  
Licensed Embalmer No. *2644*  
P. O. Address. *1800 Linwood*

**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.**