

S. No. 2
DM-5-42
Rev. 5-17-39
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36082

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 7 1942
Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4258

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 2911 Olive /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community 14 years
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. 2911 Olive
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country. 0

3. (a) PRINT FULL NAME John Allen
3. (b) If veteran, name war No
3. (c) Social Security No. 487-09-3880

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 14,
year 1942 hour 1: minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov 10 1942
to Nov 14 1942
that I last saw him alive on Nov 12 1942
and that death occurred on the date and hour stated above.
Immediate cause of death.

4. Sex Ma 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Allen
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased June 24 1883
(Month) (Day) (Year)

Duration
Chronic myocarditis
with pericarditis
Other conditions. 0
(Include pregnancy within 3 months of death) 93D

8. AGE: Years 59 Months 4 Days 20
If less than one day hr. min.

Major findings:
Of operations 0
Of autopsy 0
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Harrisonville Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Employee Oldsmobile Division
11. Industry or business Gen'l Motors Corp.

12. Name George Allen
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)
14. Maiden name " " 9
15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Allen
(b) Address 2911 Olive

17. (a) Burial (b) Date thereof Nov 17 42
(Burial, cremation, or removal) (Month) (Day) (Year)
Floral Hills,

(c) Place: burial or cremation
18. (a) Signature of funeral director J. W. Magua
Kansas City
(b) Address

19. (a) 11-16-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 0
23. Signature Vincent Williams (M. D. or other)
Address 736 Maple Hill Date signed Nov 14

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

C

7348
V1-9581
EM 2.30

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 A. R. Haunschild

Licensed Embalmer No. 4159

P. O. Address K. C. Mo.

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.