

FILED DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4317

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. & 14 days
(Specify whether years, months or days)
In this community 38 Years

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. 2832 Prospect
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Martha Allyn

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife William Allyn 6. (c) Age of husband or wife if alive Aug. 3, 1856 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business At Home

12. Name Wm. M. Taylor

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

14. Maiden name Emeline G. Manning

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

16. (a) Informant Vera Lucille Outwater

(b) Address 2832 Prospect

17. (a) Burial (b) Date thereof 11/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (e) Signature of funeral director Mrs. C. L. Forster

(b) Address 928 Brooklyn

19. (a) 11-20-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th year 1942 hour 6 minute 12 A.M. M.

21. I hereby certify that I attended the deceased from 10-5-42, 19... to 11-19-42, 19...
that I last saw h. er alive on 11-19-42, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Interchanteric fracture of femur, accidental fall in home

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Acc 123

(b) Date of occurrence 11-21-42

(c) Where did injury occur? Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

While at work Fall (Specify means of injury)

23. Signature Wm. R. Stone (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed J. Helen Shippard
Licensed Embalmer No. 4179
P. O. Address P. O. Box

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.