

ED **AUG 21 1943**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3492**

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:  
**2715 Bales Avenue**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community **36 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mr. Arthur Rupert Allen**

3. (b) If veteran, name war **None**

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

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs. Lillian M. Allen**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **October 21 1878**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>64</b>	<b>9</b>	<b>20</b>	hr. min.

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

10. Usual occupation **Floor Finisher**

11. Industry or business **Independent**

MOTHER FATHER

12. Name **Richard S. Allen**

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

14. Maiden name **Caroline M. Robertson**

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

16. (a) Informant **Mrs. Lillian M. Allen**

(b) Address **2715 Bales Avenue**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **August 13, 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **M t. Washington Cemetery**

18. (a) Signature of funeral director **H. H. Hewes**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **8-13-43** (Date received local registrar)

(b) **J. E. Brown** (Registrar's signature)

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. **2715 Bales Avenue**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11**  
year **1943** hour **About 6** minute **00 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
**Deputy Coroner** to \_\_\_\_\_ 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Acute Pulmonary Edema**

Due to **Coronary Sclerosis**

Due to **gta**

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

Duration

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

Of autopsy **See Above**

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)

(c) Means of injury \_\_\_\_\_

23. Signature **J. E. Brown** (M.D.)

Address **2349 McCoy** Date signed **8/13/43**

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

**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. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address *A. C. Newcomer Jr*

**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.**