

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **3893**

FILED SEP 21 1943

Registration District No. 149 Primary Registration District No. 1002

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:  
4411 Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 35 years years, months or days)

3. (a) PRINT FULL NAME Allie E. Routilier  
3. (b) If veteran, name war none 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 Harvey A. Routilier  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased Nov. 5, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 10 4 hr. min.

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

10. Usual occupation housewife at home

11. Industry or business \_\_\_\_\_

12. Name Charles Hilding

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

14. Maiden name Charlotte ?  
15. Birthplace Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey E. Boutilier

(b) Address 4411 Terrace

17. (a) Burial (b) Date thereof 9/11/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osage City, Kansas

18. (a) Signature of funeral director State Funeral Home

(b) Address 1901 Olathe Blvd.

19. (a) 9-10-43 (b) Dr. E. Brown  
(Date received local registrar) (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. 4411 Terrace  
(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 9  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 8-3-43  
to 9-9-43, 19\_\_\_\_ to 9-9-43, 19\_\_\_\_  
that I last saw her alive on 9-8-43, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the breast (left) - multiple metastasis to the bones.  
Due to \_\_\_\_\_  
Due to 50

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

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

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 W. H. Wheeler (M. D. or other)  
Address Neopolis, Mo. Date signed 9-10-43

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

Dr John Wheeler  
Professional Body

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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..... *W L Ward*

Licensed Embalmer No. *3991*

P. O. Address *309 E 67<sup>th</sup> St*

**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.**