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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16903

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 10.02

Registrar's No. 2072

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: ST. MARY'S HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY  
(Specify whether years, months or days)

In this community 48 YEARS

2. USUAL RESIDENCE OF DECEASED: 48

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 3807 EAST 67TH STREET  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. CHARLES ALLIET

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 494-16-5920

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11<sup>TH</sup>  
year 1944 hour 3 minute 36 P. M.

21. I hereby certify that I attended the deceased from April 13, 1944, to May 11, 1944;  
that I last saw him alive on 9 AM May 11, 1944;  
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. EMMA SARAH ALLIET

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased: JUNE 24 1890  
(Month) (Day) (Year)

Immediate cause of death

sub arachnoid hemorrhage

Due to either hypertension or alcoholic left atheros media

Other conditions (Include pregnancy within 3 months of death)

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

53 10 17 4 hr. min.

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

10. Usual occupation EMPLOYEE

11. Industry or business BOTLER MANUFACTURING Co.

12. Name CHARLES ALLIET

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

14. Maiden name LOUISE DE SMEI

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

16. (a) Informant MRS. EMMA SARAH ALLIET

(b) Address 3807 EAST 67TH STREET

17. (a) BURIAL (b) Date thereof MAY-15-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director D. W. Delocome, Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-13-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

Major findings: Refused autopsy

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)

(c) Manner of injury D

23. Signature W. E. Keith (M. D. or other) \_\_\_\_\_

Address 1103 grand ave Date signed 5-12-44

361

(Licensed Embalmer's Statement on Reverse Side)

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

11-5  
Board of Health

JUN 2 1944

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 Amie M. Calhoun

Licensed Embalmer No. 3506

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.