

FILED DEC 9 1944

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 4785

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:  
5609 Paloma  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 4 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 5609 Paloma  
(If rural, give location) 8  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ALLIE DELILAH RUE

3. (b) If veteran, name war No  
3. (c) Social Security No. 480-07-7875

20. DATE OF DEATH: Month Nov. day 25  
1944 year. hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 22  
1944 to Nov. 25, 1944;  
that I last saw her alive on Nov. 25, 1944;  
and that death occurred on the date and hour stated above.

4. Sex Fe. 1 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widow 2  
6. (b) Name of husband or wife W. H. Rue | 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased May 6, 1892  
(Month) (Day) (Year)

Immediate cause of death Acute pyelonephritis 1 wk.  
Duration

8. AGE: Years 52 Months 6 Days 19 If less than one day hr. min.

Due to  
Due to

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

Other conditions Chronic mitral valvular disease  
(Include pregnancy within 3 months of death)

10. Usual occupation Floor Lady

Major findings:  
Of operations -  
Of autopsy - 926  
Underline the cause to which death should be charged statistically.

11. Industry or business Missouri Garment Co.,

MOTHER FATHER  
12. Name Samuel Parker  
13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Stewart  
15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Parker  
(b) Address 3050 Oakley  
17. (a) Removal (b) Date thereof 11/27/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lebanon, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.  
Kansas City, Mo.  
(b) Address

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?

19. (a) 11-27-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury 0  
23. Signature Edwin W. ... (M. D. or other) MD  
Address 4050 Broadway Date signed Nov. 26 44

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..... *H. D. Blackman* .....

Licensed Embalmer No..... *3639* .....

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.**