

S. No. 2  
M-5-43  
5-17-39  
1 X3687

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9252

Registration District No. 149 Primary Registration District No. 1002 State File No. \_\_\_\_\_ Registrar's No. 1357

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: General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community About 18 years  
(Specify whether years, months or days)

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. 1201 Washington  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John A. Allen  
(b) If veteran, name war None  
(c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 17  
year 1946 hour 7 minute 55 P. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
(b) Name of husband or wife Unknown  
(c) Age of husband or wife if alive 77 years

21. I hereby certify that I attended the deceased from March 12 1946 to March 17 1946  
that I last saw him alive on March 17 1946  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: (Month) Unknown (Day) Unknown (Year) 1877  
8. AGE: Years 68 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Cardiovascular Accident  
Duration \_\_\_\_\_

9. Birthplace Tenn. (City, town, or county) (State or foreign country)  
10. Usual occupation Teacher

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 83 a!  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk  
(b) Address K.C. General Hospital #1  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-46 (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Mapel Hill  
18. (a) Signature of funeral director Weillert Funeral Home  
(b) Address Kansas City, Missouri  
19. (a) 3-21-46 (Date received local Registrar) (b) Sheraldine Holmes (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Clark Weillert (D. or other) \_\_\_\_\_  
Address Med. Dir. Gen'l Hosp. Date signed 3-18-46

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

MOTHER FATHER

**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..... *Blaine E. Weibert* .....

Licensed Embalmer No..... *4075* .....

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.**