S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26997

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3629

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:
3720 Main Street /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 994

(c) City or town Wichita 14
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Mrs. Tillie Allwardt

3. (b) If veteran, name war No

3. (c) Social Security No. 492-18-3953

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Fred Allwardt

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April (Month) 14th (Day) 1880 (Year)

8. AGE: Years 66 Months 4 Days 7 If less than one day hr. min.

9. Birthplace West Moreland (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Cook

11. Industry or business Resturant

FATHER
12. Name John Weber
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Schultz
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Vernon F. Allwardt
(b) Address Wichita, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 - 22 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Wichita, Kansas

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 8-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21st year 46 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from on , 19 , to Aug 21 , 1946 that I last saw her alive on Aug 21st , 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Auricular Fibrillation	2 days
Due to Coronary Thrombosis	2½ days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Leo M. Mullen (M. D. or other) MD
Address 3548 Indiana Date signed Aug. 21 46

(Licensed Embalmer's Statement on Reverse Side)

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 Walter H. Ervin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.