

No. 2
5-17-39
X36871

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

30537

State File No. _____

FILED SEP 17 1946

Registration District No. 146

Primary Registration District No. 8026

Registrar's No. 289

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
101 E. Kansas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 32 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 121 E. Kansas 4
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Caroline Allin
MRS. JOHN ALLIN

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 Widowed

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased July 6 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd
year 1946 hour 6 minute 31 AM.

21. I hereby certify that I attended the deceased from July 17
1946 to July Aug 22 1946
that I last saw her alive on August 22 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>16</u>	<u>-</u> hr. <u>-</u> min.

Immediate cause of death:
Toxic (interstitial) Myocarditis 4 wks

Due to Chronic non-specific pelvic inflammation Disease
and partial intestinal obstruction 8 mos

Other conditions: General Senility
(Include pregnancy within 3 months of death)

9. Birthplace Bideford, England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy 122B

11. Industry or business _____

12. Name William Prance 4

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

14. Maiden name Unknown

15. Birthplace England (City, town, or county) (State or foreign country) 4

16. (a) Informant _____

(b) Address 1005 S. Dodgion, Independence

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

While at work? _____ (Specify type of place)

(e) Means of injury 6

23. Signature [Signature] (M. D. or other) 6
Address 10227 Independence Ave Date signed Aug 23, 1946

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Missouri

19. (a) 8-30-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

354 (Licensed Embalmer's Statement on Reverse Side) K.C. Mo

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..... *R. A. Lisle*
Licensed Embalmer No. *423*
P. O. Address *Indep. 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.

Registration District No. *146* Primary Registration District No. *3026*

1. PLACE OF DEATH:
(a) County *Jackson*
(b) City or town *Independence*
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *Caroline Allin*
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Year *1946* Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *wid*
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years _____ months _____ days

Duration _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years *80* Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) _____ (State or foreign country) *England*

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER {
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)
16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____ (Registrar's signature)

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 _____ (M. D. or other) _____
Date signed _____

SUPPLEMENTARY 2

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

