

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33425**
Registrar's No. **4535**

Registration District No. **149** Primary Registration District No. **1002**

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. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 DAYS**
In this community **22 YRS.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **CRAWFORD ALLEN**
(b) If veteran, name war **No**
(c) Social Security No. **496-09-4004**

4. Sex **MALE** 5. Color or race **NEGRO**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **Ada Allen**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **APRIL 13, 19023**
(Month) (Day) (Year)

8. AGE: Years **44** Months **6** Days **12**
If less than one day hr. min.

9. Birthplace **MONTGOMERY ALABAMA**
(City, town, or county) (State or foreign country)

10. Usual occupation **PLUMBER**

11. Industry or business

MOTHER FATHER { 12. Name **JOHN ALLEN**
13. Birthplace **ALABAMA**
(City, town, or county) (State or foreign country)
14. Maiden name **AMANDA**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **SALLIE LUE NORRIS (DAUGHTER)**
(b) Address: **1216 Paseo, 1st fl. no.**

17. (a) **Burial** (b) Date thereof **10/30/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **William Pross**
(b) Address: **1729 Lydia Avenue**
19. (a) **10-29-46** (b) **Theraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **1403 FOREST**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **OCTOBER** day **25**, year **1946** hour **6:** minute **00** P. M.
21. I hereby certify that I attended the deceased from **OCTOBER 22, 1946** to **OCTOBER 25, 1946**
that I last saw him alive on **OCTOBER 25, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Brain abscess (meningitis)**
Due to
Due to
Other conditions (include pregnancy within 3 months of death) **800**
Major findings:
Of operations
Of autopsy **Brain Abscess (Stiology under microscope)**
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)
(e) Means of injury
Signature **Frank [unclear]** (M. D. or other) **M. D.**
Address **GENERAL HOSPITAL NO. 2** Date signed **10/29/46**

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

32253

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.....

Jerome Manlove
3994

Licensed Embalmer No.....

P. O. Address.....

2503 Highland

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.