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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1946

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 36847

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4663

**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~~: RESEARCH HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 16 - DAYS (Specify whether

In this community 25 YEARS years, months or days)

3. (a) PRINT FULL NAME: MRS. RETTA ALLEN

3. (b) If veteran, name war: NO

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~~: MR. W. L. ALLEN

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

7. Birth date of deceased: SEPTEMBER (Month) 5 (Day) 1870 (Year)

8. AGE: Years 76 Months 2 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace: LIVINGSTON COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: ----

FATHER 12. Name: JAMES A. BOWEN

FATHER 13. Birthplace: VIRGINIA (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: PAMELA PURCELL

MOTHER 15. Birthplace: VIRGINIA (City, town, or county) (State or foreign country)

16. (a) Informant: MR. RAY B ALLEN

(b) Address: 3507 EAST - 36TH STREET

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: NOV-8-1946 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: CHILLICOTHE MISSOURI

18. (a) Signature of funeral director: D. H. Newsomer's Sons

(b) Address: 1401 - BRUSH CREEK BLVD

19. (a) 11-7-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**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.: 3507 - EAST - 36TH STREET (If rural, give location) 4

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country: ----

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month NOVEMBER day 6 year 1946 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from October 21, 1946, to Nov. 6, 1946, that I last saw ~~her~~ alive on Nov. 6, 1946; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | 15 Days |
| Due to: Arteriosclerosis | |
| Arterial Hypertension | |
| Due to: | |
| Other conditions: Pernicious Anemia | |
| (Include pregnancy within 3 months of death) | |
| Previous Stroke — | |
| Major findings: Of operations: None | |
| Of autopsy: Refused | |

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: Carl Ferla (M. D. or other) MD

Address: 934 Argyle Bldg. Date signed: 11-6-46

(Licensed Embalmer's Statement on Reverse Side)

1:30 - 7:00 p.m.

## 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 Melvin Miller

Licensed Embalmer No. 4407

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.**