

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution LAKE SIDE HOSPITAL
(d) Length of stay: In hospital or institution 46 WEEKS
In this community 46 years

3. (a) PRINT FULL NAME MRS ALICE E ALLEN
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex FEMALE
5. Color or race WHITE
6. (b) Name of husband or wife MR. MILLER ALLEN
7. Birth date of deceased AUG. 22 - 1862

8. AGE: Years 84 Months 4 Days 3

9. Birthplace Putnam County MISSOURI

11. Industry or business FT. HOME

12. Name JOHN BOHARD
13. Birthplace Ireland
14. Maiden name MARGARET BOHARDSON
15. Birthplace Unknown Missouri

16. (a) Informant Fay Allen
(b) Address 2940 East 28th St

17. (a) Burial (b) Date thereof Dec. 27, 1946

18. (a) Signature of funeral director J. H. Newcomer
(b) Address 1401 Creek Blvd.

19. (a) 12-27-46 (b) Thelma Holmes

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 2940 E 28th St.
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 25th year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 19... 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 Deputy Coroner
Bronchopneumonia
Due to Fracture of Leg
Due to Injury By Fall

Other conditions (Include pregnancy within 3 months of death)
Major findings: 1860 15
Of operations
Of autopsy History of inspection

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 12/18/46
(c) Where did injury occur? Kansas City Mo
(d) Did injury occur in or about home on farm, in industrial place, in public place?

While at work? No (Specify type of place)
(c) Means of injury Trauma
23. Signature A. E. Plesher (M. D. or other) M. D.
Address 2800 I Main Date 12/26/46

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..... *Bernard L. Horan*

Licensed Embalmer No. *4250*

P. O. Address..... *M.C.M.O.*

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: