

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40437
Registrar's No. 5132

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:
Rock Hill Manor 43rd + Locust
(d) Length of stay: In hospital or institution 30 YEARS
In this community 30 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 43rd + Locust Rock Hill Manor
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME ELIZA SCHWARTZ ALLEE
(b) If veteran, name war NO
(c) Social Security No. NOIVE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife O. P. ALLEE
(c) Age of husband or wife if alive UNK.
7. Birth date of deceased SEPT 4 1883

20. DATE OF DEATH: Month DEC. day 5th year 1946 hour 9 minute 00 P. M.
21. I hereby certify that I attended the deceased from Dec 2 3 to Dec 5 1946
that I last saw her alive on Dec 5 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 62 Days 83 If less than one day 891 hr. min.

Immediate cause of death Coronary Artery Disease
Due to Chronic myocarditis
Due to Hypertension
Other conditions Atherosclerosis
(Include pregnancy within 3 months of death)

9. Birthplace NATCHEZ, MISSISSIPPI
10. Usual occupation HOUSEWIFE
11. Industry or business HOUSEWIFE
12. Name JOHN E. SCHWARTZ
13. Birthplace NATCHEZ MISSISSIPPI
14. Maiden name MARIE STEWART
15. Birthplace NATCHEZ MISSISSIPPI

Major findings: Of operations 0 Of autopsy 0
Physician 932
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. O. P. Allee
(b) Address 43rd + Locust Rock Hill Manor
17. (a) Cremation (b) Date thereof DEC 7 1946
(c) Place of burial or cremation D.W. NEWCOMER'S SON'S
18. (a) Signature of funeral director D. W. Newcomer's Son's
(b) Address 1401 E. Wash. Brook Blvd.
19. (a) 12-7-46 (b) Seraldine Holmes

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? 0 (Specify type of place) (c) Means of injury 0
23. Signature H. W. Miller (J. D. or other) 0
Date signed 12-7-46

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 *W. C. Green Fordney*

Licensed Embalmer No. *1467*

P. O. Address *Kansas City*

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.