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FILED JAN 13 1947

Registration District No. 149

Primary Registration District No. 1002

State File No. _____

Registrar's No. 5485

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 10 Min.
(Specify whether years, months or days)

In this community 10 min.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 991

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 736 Breeley Ave. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Marie Etta Allen

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Floyd Allen

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased 10 24 1912
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 46 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____ 19____
Deputy Coroner _____ to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

34 1 29 hr. min.

Immediate cause of death: Auto-Thrombosis

Due to Multiple fractures

Due to Same as above

Auto-Thrombosis

Other conditions: (Include pregnancy within 3 months of date of death)
2 car collision. 170C

9. Birthplace: Fulton Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy: No Permit

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

10. Usual occupation: Housework

11. Industry or business: At Home

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 12-23-46 1946

(c) Where did injury occur? K.C. Jackson - Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Inter-city V. I. d. c. t.
While at work? No (Specify type of place) (e) Means of injury Auto-Thrombosis

23. Signature: J. McWilliams (M. D. or other) _____
Address: 2636 Brooklyn Date signed: _____

MOTHER FATHER

12. Name: Frank Bright

13. Birthplace: Florida 1
(City, town, or county) (State or foreign country)

14. Maiden name: Menta Williams

15. Birthplace: Columbia Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Florence Colhoun

(b) Address: 809 N. 12th St

17. (a) Removal (b) Date thereof 12-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn Cem. K.C. Mo

18. (a) Signature of funeral director: Nathan W. Thallman

(b) Address: 1520 N. 5th St

19. (a) 12-31-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

12-31-46

WRITE PLAINLY—USE UNFADEING 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 C. E. Davis

Licensed Embalmer No. 4417

P. O. Address K.C. 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.