. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24059

Registration District No. FILED AUG 13 1947 Primary Registration District No. 1002 Registrar's No. 3222

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

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 ST LUKES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 4 days (Specify whether
In this community 59 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4336 CHARLOTTE STREET 0
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country ENGLAND

3. (a) PRINT FULL NAME MARION S. ALLISON
3. (b) If veteran, name war No
3. (c) Social Security No. 486-01-1867

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR NOBEL E ALLISON
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased NOVEMBER (Month) 27 (Day) 1883 (Year)

8. AGE: Years 63 Months 8 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace UNKNOWN (City, town, or county) ENGLAND 4 (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name ROBERT M HARTLEY
13. Birthplace HULL (City, town, or county) ENGLAND 4 (State or foreign country)
MOTHER
14. Maiden name UNKNOWN BARNSBY
15. Birthplace HULL (City, town, or county) ENGLAND 4 (State or foreign country)
16. (a) Informant N E Allison
(b) Address 4336 Charlotte
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof AUG 2 1947 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 8-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 29th year 1947 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from December 24, 1943, to July 29, 1947 that I last saw her alive on July 29, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma
Due to Carcinoma of Uterus
Due to
Other conditions (Include pregnancy within 3 months of death) 48 D
Major findings:
Of operations
Of autopsy Ca. of Uterus With Metastasis

Duration

PHYSICIAN

Underline the cause of 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) 0
While at work (e) Means of injury

23. Signature H. P. Boughman (M. D.)
Address 315 Alameda Rd., K.C., Mo. Date signed 7/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

226 Plaza Medical Bldg - St. Louis Rd
1-4:30

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 Not Embalmed - Refrigeration Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.