. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27564

Registration District No. 7/49 Primary Registration District No. 1002 Registrar's No. 3693

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: 2504 Brighton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 25 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.: 2504 Brighton 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charles Joseph ALLEN Jr.
3. (b) If veteran, name war: no
3. (c) Social Security No.: 486-07-9191

4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Dora Allen
6. (c) Age of husband or wife if alive: 46 years
7. Birth date of deceased: March (Month) 25, (Day) 1902 (Year)

8. AGE: Years 45 | Months 5 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace: Edina (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Re-order Clerk
11. Industry or business: Sears Roebuck & Co.

MOTHER FATHER
12. Name: Charles Allen
13. Birthplace: Edina, (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name: Anna Ruxlow
15. Birthplace: St. Paul, (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Mrs. Dora Allen
(b) Address: 2504 Brighton, K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 8-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 26
year: 1947 hour: 9 minute: 45 P. M.

21. I hereby certify that I attended the deceased from Coma, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94 hr	
Major findings: Of operations:	
Of autopsy: yes as above	

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)
While at work? (e) Means of injury

23. Signature: James Allen (M. D. or other) Coroner
Address: 1424 Pro Bldg. Date signed: 8-27-47

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

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 Russell N France

Licensed Embalmer No. 4255

P. O. Address Kemmerer

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.