

Registration District No. **799**

Primary Registration District No. **1002**

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 **16 HRS.**
(Specify whether **1 YR.**)
In this community **1 YR.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **2302 PASEO**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** day **28**,
year **1947** hour **12:** minute **30 A.** M.
21. I hereby certify that I attended the deceased from **SEPTEMBER**
27, 19**47**, to **SEPTEMBER 28**, 19**47**;
that I last saw her alive on **SEPTEMBER 28**, 19**47**;
and that death occurred on the date and hour stated above.

Immediate cause of death **DIABETIC ACIDOSIS**
Due to **DIABETES MELLITUS**
Other conditions **101**
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autops: **SAME AS ABOVE**
Underline the cause of which death should be charged statistically.

3. (a) PRINT FULL NAME **IZA MAE 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 **SAMMY ALLEN** 6. (c) Age of husband or wife if alive **24** years

7. Birth date of deceased **OCTOBER 9, 1925**
(Month) (Day) (Year)

8. AGE: Years **22** Months **11** Days **19** If less than one day **hr. /min.**

9. Birthplace **HAYNESVILLE LOUISIANA**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business Name **WEAKE BEALS**

Birthplace **HAYNESVILLE LOUISIANA**
(City, town, or county) (State or foreign country)

Maiden name **SALLIE**

Birthplace **HAYNESVILLE LOUISIANA**
(City, town, or county) (State or foreign country)

12. (a) Informant **SAMMY ALLEN (HUSBAND)**

(b) Address **2302 PASEO**

(a) **Removal** (b) Date thereof **9/29/47**
Burial, cremation, or removal (Month) Day (Year)

(c) Place: burial or cremation **Haynesville, La. St. Merling Falls**

(a) Signature of funeral director **[Signature]**

(b) Address **1217 Pine St. Kansas City, Mo.**

19. (a) **9-29-47** (b) **Almadine Holmes**
(Date received local registrar) (Registrar's signature)

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 name of place)
While engaged in..... means of injury.....
23. Signature **[Signature]** (M. D. or other) **M.D.**
Address **GENERAL HOSPITAL NO. 2** Date signed **9/28/47**

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

NOTED BY OFFICE OF VITAL STATISTICS
Car. by **Almadine Holmes**
Halliburton City

48
31064

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.....

E. Herberg Bull

Licensed Embalmer No. *03178*

P. O. Address *1212 Mil R. Co.*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Mo
County of Jackson SS.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 410547

On this 9 day of October, 1947, before me appears Sammie Allen, who, upon his oath, states that the original record of ^{birth} death for Iza Mae Allen, died 9-28-1947, 19...., in the State of Missouri, and which was filed at K. C. Mo on 9-29-47 19...., should be corrected as follows:

Item No. 7 should read August 9, 1925

Instead of October 9, 1925

Item No. 8 should read 22 - 1 - 19

Instead of 21 - 11 - 19

Item No. 6 should read Sammie Allen

Instead of Sammy Allen

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Sammie Allen Relationship.

2302 Paseo Hurston Present Address.

Subscribed and sworn to before me this 9 day of October, 1947.

My Commission expires Oct. 21, 1951 Barrie M. Guppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-31064