

No. 2  
1/47  
17-39

FILED OCT 4 1947  
National Office of Vital Statistics  
Registration District No. 1947

Primary Registration District No. 1002

Registrar's No. 4032

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.....  
2322 Tracy Avenue /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
33 Years (Specify whether 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. 2322 Tracy Avenue 8  
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... Hattie Allen

3. (b) If veteran, name war..... No

3. (c) Social Security No. .... No

4. Sex..... Female 5. Color or race..... Negro

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

6. (b) Name of husband or wife..... S. P. Allen

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

7. Birth date of deceased..... March 20, 1870  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>5</u>	<u>29</u>	..... hr. .... min.

9. Birthplace..... Bastop, Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation..... At home

11. Industry or business.....

12. Name..... Samuel Fowler

13. Birthplace..... Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Lilla Jackson

(b) Address..... 2322 Tracy Avenue

17. (a) Burial, cremation, or removal..... Burial

(b) Date thereof: 9/23/47  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Highland Cemetery

18. (a) Signature of funeral director..... Gathina Bras

(b) Address..... 1729 Lydia Ave

19. (a) 9-23-47 (Date received local registrar)

Edw. H. Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... September, day..... 19, 19..... 1947 year..... hour..... 11 minute..... 30 A..... M.

21. I hereby certify that I attended the deceased from..... May 14 19..... 1947 that I last saw him..... alive on September 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death.....

(1) Urthral Stricture

Due to (2) Chronic Cystitis

Due to (3) Pyonephrosis

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... 1530

Of autopsies.....

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)

23. Signature..... Raymond L. Hanning (M. D. or other)

Address..... 1830 W. 8th St. K.C. Mo Date signed..... 9/22/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

*Lester L. Lilly*

....., Registered Apprentice No. *73*

working under my personal supervision.

Signed.....

*James Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.