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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31067**  
Registrar's No. **3956**

**FILED SEP 29 1947**  
Registration District No. **1749**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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: Lakewood Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
 (Specify whether years, months or days) 1 day

In this community 1 day  
 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. 2507 E. 37th. St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** John Burton Allen  
**3. (b) If veteran,** name war No  
**3. (c) Social Security** No. None

**4. Sex** Male **5. Color or race** W.  
**6. (a) Single, widowed, married, divorced** Single  
**6. (c) Age of husband or wife if** 15 years  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** Sept 15 - 1947  
 (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>1</u>	<u>12</u> hr. _____ min.

**9. Birthplace** Kansas City Mo  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Child

MOTHER FATHER

**11. Industry or business** \_\_\_\_\_

**12. Name** Charles B. Allen  
**13. Birthplace** Kansas City Missouri  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Ketan Jeanette Allen  
**15. Birthplace** Kansas City Missouri  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** John J. Allen  
**(b) Address** 2507 E. 37th St. N. C. Mo.

**17. (a) Burial, cremation, or removal** Burial **(b) Date thereof** 9-17-47  
 (Month) (Day) (Year)  
**(c) Place: burial or cremation** St. Mary's Cemetery

**18. (a) Signature of funeral director** John B. Hapley  
**(b) Address** Independence, Missouri

**19. (a) 9-17-47** **(b) Geraldine Holmer**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Sept day 16  
 year 1947 hour 7 minute 50 P. M.

**21. I hereby certify that I attended the deceased from** 9-15- 1947 to 9-16- 1947  
 that I last saw him live on 9-16-47, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Muscular atrophy  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 101  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
**23. Signature** Richard C. Shilly M. D. or other \_\_\_\_\_  
 Address 1100 1/2 E. 37th St. Independence, Mo. Date signed 9/17/47

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed ~~by~~ ~~me~~ by .....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Dipin L. Tapley*  
Licensed Embalmer No. 4225  
P. O. Address Independence, 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.**