

No. 2  
-1/47  
7-39

960

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics

Registrar's No. 291

FILED FEB 3 1948  
Registration District No. 179

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 1330 Paseo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 36 Years  
(Specify whether years, months or days)  
In this community 36 Years  
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. 1330 Paseo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME William Allen

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Rosetta Allen 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased January 18, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 11 28 hr. min.

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

10. Usual occupation Janitor

11. Industry or business John Allen

12. Name Unknown 9

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

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

16. (a) Informant Burial  
(b) Address 1330 Paseo

17. (a) Burial (b) Date thereof 1/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Thaddeus Holmes  
(b) Address 1729 E. 15th St.  
19. (a) 1-22-48 (b) Thaddeus Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16  
year 1948 hour 5 minute 30 A. M.  
21. I hereby certify that I attended the deceased from 10th of January, 1948 to the 16th of Jan., 1948  
that I last saw him alive on Jan. 16, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure  
Due to Hypertensive Heart Disease.

Other conditions NONE  
(Include pregnancy within 3 months of death)

Major findings: 932  
Of operations .....  
Of autopsy: .....

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) .....  
23. Signature George B. Hoff (M. D. or other) M. D.  
Address 7123 E. 15th st. Date signed 1/21/48

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

MOTHER FATHER

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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.....

*J. Maslow*  
.....  
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.