

V. S. No. 300
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I 4906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 199

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39997

Registrar's No. 4971

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:
39th STREET & BROADWAY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 20 YEARS
years, months or days

3. (a) PRINT FULL NAME Miss Shirley June ALLEN

3. (b) If veteran, name war No

3. (c) Social Security No. 492-26-6720

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: OCTOBER 29 1928
(Month) (Day) (Year)

8. AGE: Years 20 Months 1 Days 54 If less than one day _____ hr. _____ min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SECRETARY

11. Industry or business CELOTEX COMPANY

12. Name HERBERT L. ALLEN

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

14. Maiden name ELSIE HINZ

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

16. (a) Informant MR. HERBERT L. ALLEN

(b) Address 3901 BROADWAY

17. (a) BURIAL (b) Date thereof DEC-6-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAN CEMETERY

18. (a) Signature of funeral director O. N. Williams, Sr.

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 12-6-48 (b) Shirley June Allen
(Date received local registrar) (Registrar's signature)

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. 3901 BROADWAY
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3
year 1948 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from before, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Skull

Due to Multiple contusions, lacerations & fractures.

Other conditions auto & pedestrian
(Include pregnancy within 3 months of death)

Major findings: Of operations 170C 80 31

Of autopsy no history + impaction

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 12-3-48

(c) Where did injury occur? 100 Jackson Ave
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place

While at work? no (Specify type of place) (e) Means of injury auto from corner

23. Signature James C. Walker (M. D. or other)

Address 1421 1/2 N. My Date signed 12-4-48

Duration

PHYSICIAN

Underline the cause to 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.....

Forest Ronald Coldman, Registered Apprentice No. 225,
working under my personal supervision.

Signed Russell N France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.