

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33742

4436

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 3 yrs		d. STREET ADDRESS (If rural, give location) 806 W 14th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 806 W 14th		e. FULL NAME OF HOSPITAL OR INSTITUTION 806 W 14th	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) George c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) 10-16-49		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct 6, 1870		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dairyman		10b. KIND OF BUSINESS OR INDUSTRY Dairy		11. BIRTHPLACE (State or foreign country) Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Dora Allen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Unknown	

17. INFORMANT'S SIGNATURE OR NAME Johnson Funeral Home		ADDRESS Junction City, Kansas	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebro-Vascular Accident		17 days	
DUE TO (c) Arteriosclerosis & Chronic Myocarditis		—	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		—	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H2O	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		—	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct 5, 1949**, to **Oct 15, 1949**, that I last saw the deceased alive on **Oct 16, 1949**, and that death occurred at **2:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE C.B. Wright		(Degree or title) D.O.		23b. ADDRESS 3800 E. 27 Kansas City, Mo.		23c. DATE SIGNED 10-16-49	
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-16-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Junction City, Kans	
DATE REC'D BY LOCAL REG. 10-18-49		REGISTRAR'S SIGNATURE Seraldine Holman		25. FUNERAL DIRECTOR'S SIGNATURE F. Paul Amos		ADDRESS Shownee, Ks.	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Paul C. ...

Licensed Embalmer No. *4315*

P. O. Address. *Shawnee, Kans*

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.