

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8484**
915

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>915</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>WYANDOTTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u> TOWN		c. LENGTH OF STAY (In this place) <u>27 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u> TOWN		d. STREET ADDRESS (If rural, give location) <u>2700 Bellview</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2700 Bellview</u>				d. STREET ADDRESS (If rural, give location) <u>2700 Bellview</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Allen</u>	
4. DATE OF DEATH		(Month) <u>2</u>		(Day) <u>27</u>		(Year) <u>50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-28-1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Miller C. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Joseph Allen</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Gar</u>			14. NAME OF HUSBAND OR WIFE <u>Mamie Allen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd H. Allen 2700 Bellview</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the Pancreas</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia; Myocardial Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>About 12 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>157X</u>				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) (Min.)		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 <u>July</u> , 19 <u>49</u> to <u>Feb</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 26</u> , 19 <u>50</u> , and that death occurred at <u>2 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Bernard L. Mullins</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1902 Swift St.</u>		23c. DATE SIGNED <u>2-28-50</u>	
24a. BURIAL CREMATION (Specify)		24b. DATE <u>3-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem</u>		24d. LOCATION (City, town, or county) (State) <u>K.C.K.</u>	
DATE REC'D BY LOCAL REG. <u>2-28-50</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Simmons</u>		ADDRESS <u>K.C.K.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.

Signed _____

R. L. Johnson

Signed _____
Student Embalmer

Licensed Embalmer No. 3903

P. O. Address R C K

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.