

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 c. LENGTH OF STAY (In this place) Life
 d. FULL NAME OF HOSPITAL OR INSTITUTION LAKE SIDE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MISSOURI b. COUNTY JACKSON
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 d. STREET ADDRESS (If rural, give location) 6409 E. 12

3. NAME OF DECEASED
 a. (First) MARGARET b. (Middle) ESTER c. (Last) ALLEN

4. DATE OF DEATH (Month) (Day) (Year)
11 24 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 7/22/1896

9. AGE (In years last birthday) 64

IF UNDER 1 YEAR Months 2 Days 2
 IF UNDER 1 HR. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Kansas City, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN FRANCIS FITZMORRIS

13b. MOTHER'S MAIDEN NAME MARY CASEY

14. NAME OF HUSBAND OR WIFE SAMUEL S. ALLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Sands ADDRESS K.C. Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* B Myocardial infarction
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) myocardial infarction
 DUE TO (c) endocarditis

INTERVAL BETWEEN ONSET AND DEATH
9 hrs.
4301

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept, 1943, to 11-24, 1950, that I last saw the deceased alive on 11-24, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Olaf Coleman (Degree or title) Dr.

23b. ADDRESS 929 Bryant Bldg.

23c. DATE SIGNED 11/25/50

24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial

24b. DATE 11/27/50

24c. NAME OF CEMETERY OR CREMATORY St. Mary's

24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D. BY LOCAL REG. 11-25-50 REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE John P. Skel ADDRESS K.C. Mo.

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

Embalmers Exam
after 2:30 PM

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John L. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 3625

P. O. Address N. C. S. Co.

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.