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

FILED OCT 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30130**
4053

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>				
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>3412 East 21st St.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Provident</u>								
3. NAME OF DECEASED a. (First) <u>Naomi</u> b. (Middle) <u>Bell</u> c. (Last) <u>Allen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 3, 1898</u>		
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Fayette, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Riley Conner</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Hill</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer Allen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Allen</u> ADDRESS <u>3412 E. 21st St.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Infection, Gas Gangrene</u> DUE TO (c) <u>Diabetes Mellitus</u> 2. OTHER SIGNIFICANT CONDITIONS— Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>260X</u>	
19a. DATE OF OPERATION <u>8-23-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Extensive Gas Gangrene of superficial tissue</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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>9-18, 1951</u> , to <u>9-22, 1951</u> , that I last saw the deceased alive on <u>9-22, 1951</u> , and that death occurred at <u>6:50 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. Bryan MD</u> (Degree or title)				23b. ADDRESS <u>2604 Prospect</u>		23c. DATE SIGNED <u>9-24-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/26/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>9-24-51</u>		REGISTRAR'S SIGNATURE <u>S. Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros.</u> ADDRESS <u>18th & Benton</u>				

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bryan

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 *Lawrence A. Jones*

Licensed Embalmer No. *4439*

P. O. Address *18th & Benton*

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.