

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29637

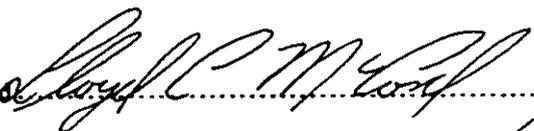
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BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 34 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 1018 Fuller			
3. NAME OF DECEASED (Type or Print) a. (First) Ethel b. (Middle) Grace c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) Sept 6 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 2 1896		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (City and State or Foreign Country) Pineville, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Jessie Roberson			13b. MOTHER'S MAIDEN NAME Mary Rodgers		14. NAME OF HUSBAND OR WIFE Archie Allen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola Annis - 1018 Fuller			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pericarditis		ANTECEDENT CAUSES					DUE TO (b) Cause Undetermined
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Rheumatoid Arthritis					46 10
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 Sept. 1950, to Sept. 6, 1955, that I last saw the deceased alive on Sept. 6, 1955, and that death occurred at 9:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Otto W. Theel (Degree or title) M.D.				23b. ADDRESS 4301 Main St.		23c. DATE SIGNED 9-8-55	
24a. BURIAL, CREMATION, BENEFIT (Specify) Burial		24b. DATE Sept 9 1955	24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City Missouri		
DATE REC'D BY LOCAL REG. 9-8-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FLORAL HILLS MEMORIAL CHAPELS, INC. K.C.MO			

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4853

P. O. Address N. C.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.