

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33054

State File No.

FILED NOV 1 1955

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4248</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 40 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"/>		e. STREET ADDRESS (If rural, give location) 15 1310 Forest 316 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1310 Forest				e. STREET ADDRESS (If rural, give location) 15 1310 Forest 316 1/2			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Chattman		b. (Middle)		c. (Last) Allen		Sept. 28, 1955	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 25, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Burbon Co., Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lillian Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Allen 1310 Forest			
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) Hypertensive Heart DUPLICATE TO (b) Generalized Arteriosclerosis DUPLICATE TO (c) Chronic Interstitial Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition				INTERVAL BETWEEN ONSET AND DEATH 12 yrs 10 yrs 6 mo 442 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION K O				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) K.C. Mo. Mo.			
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 <u>Aug 1, 1953</u> to <u>9-28-1955</u> , that I last saw the deceased alive on <u>9-28, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE J.S. Wells		23b. ADDRESS (Degree or title) 2122 E-15th		23c. DATE SIGNED 10-3-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/4/55		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 10-3-55		REGISTRAR'S SIGNATURE Mona Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.E. Davis 1415 Truman St.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
J.S. Wells, M.D.

7. m.
D3E 3306.

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 *Landis H. Jackson*

Licensed Embalmer No. *483*

P. O. Address *K. C. M.*

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.