

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23573

State File No. _____

2917

 BIRTH NO. 69398-56 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) lifetime	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 General Hospital #2			e. STREET ADDRESS (If rural, give location) 29 2508 Wabash		
3. NAME OF DECEASED (Type or Print) (Infant) a. (First) b. (Middle) c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) 6 28 1956		
5. SEX 3 female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 6-27-56	9. AGE (In years last birthday) 15 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY America
13a. FATHER'S NAME Jesse Allen		13b. MOTHER'S MAIDEN NAME Elizabeth Wilson		14. NAME OF HUSBAND OR WIFE none	
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 Mrs. Elizabeth W. Allen, 2508 Wabash		
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* (a) Immaturity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 776X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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>6-27-56</u> , 19 <u>56</u> , to <u>6-28-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-28-56</u> , 19 <u>56</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE W.R. Peterson (Dr. or title)			23b. ADDRESS 600 E. 22nd St.		23c. DATE SIGNED 6-30-56
24a. BURIAL CREATION REMOVAL (Specify)	24b. DATE 7-12-56	24c. NAME OF CEMETERY OR CREMATORY Woods	24d. LOCATION (City, town, or county) (State) Kansas City MO		
DATE REC'D BY LOCAL REG. 7-7-56		REGISTRAR'S SIGNATURE Neva Minchell	GENERAL DIRECTOR'S SIGNATURE W. L. ...		ADDRESS 1500 ...

(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 Mr. Embelmed, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Mr. A. Sawyer

Licensed Embalmer No. 308

P. O. Address N.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.