R. DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-032187

FILED VS OCT 7 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4624 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 60 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V.A.Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1010 Paseo, K.C., Mo — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Willard Middle: B. Last: Allen
4. DATE OF DEATH: Month: 9th Day: 20th Year: 1959
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/14/97
9. AGE (last birthday): 62 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dock Helper
10b. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (City and state or country): Kansas City, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Willis Allen
13b. MOTHER'S MAIDEN NAME: Jennie Maupins
14. NAME OF HUSBAND OR WIFE: Edna Mae Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 8/1/18 to 7/8/19
16. SOCIAL SECURITY NO.: 487108313
17. INFORMANT: VA Hospital Records, K.C., Mo. Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Recurrent adenocarcinoma of the stomach — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic heart disease with healed posterior infarct
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
VA
21. I attended the deceased from September 15, 1959, to September 20, 1959
Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Albert L. Chesson

22a. SIGNATURE (Degree or title): Albert L. Chesson MD
22b. ADDRESS: V.A.Hospital, K.C., Mo
22c. DATE SIGNED: 9-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-24-59
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Wadsworth, Kansas
24. FUNERAL DIRECTOR: Nathan W. Thatcher ADDRESS: K.C.K.
25. DATE RECD. BY LOCAL REG.: 9-23-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clifford J. Woods

Signature of Student Embalmer

Licensed Embalmer No. 3106

P. O. Address 1520 N. 5

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.