

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-039885

FILED VS NOV 23 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5325 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 8 days		c. CITY OR TOWN MISSION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION V A HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6104 WEST 55TH		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EDMUND Middle ALLEN Last ALLEN				4. DATE OF DEATH November 4, 1959 Month November Day 4 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-3-06	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months 5 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Mechanic Owner		10b. KIND OF BUSINESS OR INDUSTRY Allen Motor Ser.		11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Ambrose Allen			13b. MOTHER'S MAIDEN NAME Mary Flynn		14. NAME OF HUSBAND OR WIFE Rose Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 510 05 6635		17. INFORMANT Address VA Hospital Official Records, K.C. Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia R&LLL DUE TO (b) _____ DUE TO (c) Acute granulocytic leukemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. attended the deceased from VA October 27, 1959 to November 4, 1959 last saw her/him alive on _____ Death occurred at 6:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE J. A. Turner (Degree or title) J. A. TURNER, M.D.			22b. ADDRESS VA Hospital, Kansas City, Mo.			22c. DATE SIGNED 11-4-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 6/1959	23c. NAME OF CEMETERY OR CREMATORY St. Marys Cen		23d. LOCATION (City, town, or county) Kansas City, Missouri		(State)		
24. FUNERAL DIRECTOR ADDRESS Gates Funeral Home 1901 Olathe Blvd. Kansas City, Kan			25. DATE RECD. BY LOCAL REG. 11-5-59		26. REGISTRAR'S SIGNATURE New Minshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Paul B. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park
Ks.

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.