URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960

-60-026696

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3860

ENDED

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 app. 6 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2719 Garfield — 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) 2719 Garfield — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GENEVIEVE Middle MARIE Last ALLEN

4. DATE OF DEATH Month 7 Day 26 Year 60

5. SEX Female
6. COLOR OR RACE Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-17-1898
9. AGE (last birthday) 61
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) Police Woman
10b. KIND OF BUSINESS OR INDUSTRY Police Department
11. BIRTHPLACE (City and state or country) Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Reynolds
13b. MOTHER'S MAIDEN NAME Josie Merrill
14. NAME OF HUSBAND OR WIFE Charles H. Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Charles H. Allen Address 2719 Garfield

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) Carcinoma of the Cecum
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) c̄ Generalized Metastasis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ 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

21. I attended the deceased from 2-12-59, to 7-26-60 and last saw her him alive on 7-10-60
Death occurred at 4:30 p.m. 7-26-60 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Royal B. Fleming (Degree or title) M.D.
22b. ADDRESS 1433 E. 19th St. Kansas City Mo
22c. DATE SIGNED 7-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-29-60
23c. NAME OF CEMETERY OR CREMATORY Westlawn
23d. LOCATION (City, town, or county) Kansas City (State) Kansas

24. FUNERAL DIRECTOR Watkins Bros. Funeral Home ADDRESS 18th Benton
25. DATE RECD. BY LOCAL REG. 7-27-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bruce R. Watt

Signature of Student Embalmer

Licensed Embalmer No. 450

P. O. Address 18th Bent

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