

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17199
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1896
 (c) City Kansas City (d) Street No. Research Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 80 yrs. mos. ds. (f) How long in U. S. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David Allen

(a) Residence, No. 4533 Montgale St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Baby
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) MissouriFATHER 13. NAME Leavitt O. Allen14. BIRTHPLACE (CITY OR TOWN) C. W. W. (STATE OR COUNTRY) SeeMOTHER 15. MAIDEN NAME Geraldine Seiner16. BIRTHPLACE (CITY OR TOWN) Mulberry Grove (STATE OR COUNTRY) See17. INFORMANT L. O. Allen (ADDRESS) 4533 Montgale18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE May 6, 193819. FUNERAL DIRECTOR (NAME) DeWnewcomer's Sons (ADDRESS) Bushcreek + Paseo.20. FILED May 6, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1938, to May 6, 1938.
 I last saw him alive on May 6, 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation.Date of onset Since birth.

Other contributory causes of importance:

Patent Interventricular Septum (Cardiac).Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes.23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____(Signed) E. A. Wilkinson, M. D.
(Address) 1103 Grand Ave.

Professional Building
DUS 767
until 4:30 P.M.

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Nell Carr
Licensed Embalmer No. 3976
P. O. Address 1401 Brushcreek

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 this body is not embalmed, above space should be left blank.