

REC'D JAN 13 1939

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

41901
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Independence Primary Registration District No. 1007 Registered No. 4967
 (c) City Independence (d) Street No. Mercy 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 yrs. mos. ds. 11 How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME Phyllis Sharon Allen
 (a) Residence, No. 2504 Evanston St. Mo. Wash. Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 None
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 1 9
 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. None
 10. Date deceased last worked at this occupation (month and year) None Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County Mo.
 FATHER 13. NAME Charles M Allen Sr.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.
 MOTHER 15. MAIDEN NAME Essie M Ghout
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madden Mo.
 17. INFORMANT Chas M Allen (ADDRESS) 2504 Evanston Indip Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE 12-23-38
 19. FUNERAL DIRECTOR (NAME) Bob Larson (ADDRESS) Independence Mo.
 20. FILED Dec 22 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938, to Dec 21, 1938.
 I last saw h. alive on Dec 21, 1938. Death is said to have occurred on the date stated above, at 11 AM.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset
Empyema (tooth)
 Other contributory causes of importance: 10/10
 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? _____
 If so, specify _____ M. D.
 (Signed) W. B. Schubert
 (Address) 5017 W. Grand St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.