

REC'D AUG 7 1939

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

24841

Do not use this space.

Registered No. 3054

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 3661 Madison 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Charles Allan  
 (a) Residence, No. 3661 Madison St. Platte Missouri  
 (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 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) Mar. 1, 1867

7. AGE YEARS 72 MONTHS 4 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Secy and V-Pres.

9. Industry or business in which work was done, as saw mill, bank, etc. K.C. Pump Co.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Pittston (STATE OR COUNTRY) Pa.

13. NAME John W. Allan

14. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Dorothy M. Young

16. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY) Pa.

17. INFORMANT Mrs. Violet H. Allan (ADDRESS) 3661 Madison

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Forest Hill DATE 7-31 '39

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary (ADDRESS) City

20. FILED 7-31 '39 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29, 1939

22. I HEREBY CERTIFY That I attended deceased from Nov 38 to July 29, 1939  
 I last saw him alive on July 29, 1939 Death is said to have occurred on the date stated above, at 8:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of breast  
Metastasis to Bones  
& Lung - 50

Date of onset unknown

Other contributory causes of importance:  
Uremia

Name of operation Trousseau's Proc. Date of Mar. 1939  
 What test confirmed diagnosis? Biopsy Was there an autopsy? no

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 1

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify Forest Hill  
 (Signed) W. H. Boyle, M. D.  
 (Address) Kansas City Mo

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.

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**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.**