

WHILE FURNISHING USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1372**
Registrar's No. **357**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **1323 Garfield**
(d) Length of stay: In hospital or institution **49 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **1323 Garfield**

3. (a) PRINT FULL NAME **Sarah Allen**
(b) If veteran, name war **no**
(c) Social Security No. **no**

20. DATE OF DEATH: Month **Jan.** day **15**
year **1940** hour **7** minute **25 A.**

4. Sex **Female** 5. Color **Col.**
6. (a) Single, widowed, married, divorced **wid**
(b) Name of husband or wife **Daniel Allen**
7. Birth date of deceased: **May 8 1877**

21. I hereby certify that I attended the deceased from **Jan 11 1940** to **Jan 15 1940**
that I last saw her alive on **Jan 15 1940**
and that death occurred on the date and hour stated above.

8. AGE: Years **62** Months **7** Days **7**
If less than one day hr. min.

Immediate cause of death: **Cerebral Hemorrhage**
Due to **Chronic Interstitial Nephritis**
Other conditions: **131**

9. Birthplace **Winn Co. Kans.**
10. Usual occupation **Domestic**

11. Industry or business
12. Name **Anderson Turk**
13. Birthplace **Winn Co. Kans.**
14. Maiden name **Rachel Milton**
15. Birthplace **Okla.**

Major findings: Of operations **none**
Of autopsy **none**

16. (a) Informant's own signature **Helene Handcox**
(b) Address **1024 Michigan**
17. (a) **Burial** (b) Date thereof **Jan 20, 40**
(c) Place: burial or cremation **Blue Ridge**
18. (a) Signature of funeral director **Adkins Bros.**
(b) Address **M. M. Brown**
19. (a) **Jan. 25, 1940** (b) **M. M. Brown**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature **J. E. Donaldson**
Address **714 Bryant Bldg** Date signed **1/16/40**

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

Edw. J. Evans

Licensed Embalmer No.

3876

P. O. Address

1819 E 15th Ave.

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.