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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17686**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2213**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1440 Admiral Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Sarah Ellen Allen
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 6. Color or race White
5. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amos Riley Allen
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased August 18 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 12 hr. min.

9. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business
12. Name Daniel Reeser
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Kinkad
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Bryan Allen
(b) Address 1440 Admiral Blvd.
17. (a) Removal (b) Date thereof June 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction, Missouri
18. (a) Signature of funeral director D. H. Newcomer, Son
(b) Address 1401 Brush Creek Blvd.
19. (a) May 30, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 1440 Admiral Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30
year 1940 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 1st, 1940, to May 30, 1940,
that I last saw her alive on May 30, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Carditis
Duration

Due to: 95 1/2
Due to: 95 1/2

Other conditions: Mucous Colitis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) (e) Means of injury
While at work? _____
23. Signature R. B. Bishop MD (M. D. or other)
Address Route 3 KC Kansas Date signed 5/30/40

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.....

Kenneth Page Lips

Licensed Embalmer No. *4128*

P. O. Address *1309 Brush Cree*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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