No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9607

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1016

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: K.C.General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 21 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1514 East 29th St.
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Josephine Allen

3. (b) If veteran, name war ✓

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm W Allen

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 11 (Month) 14 (Day) 1876 (Year)

8. AGE: Years 64 Months 3 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Danville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation House Wife

11. Industry or business X

FATHER
12. Name Joseph Vance
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant W W Allen
(b) Address 1514 E 29

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Knob Noster Mo

18. (a) Signature of funeral director H H Daniels
(b) Address 1536 Minn Ave

19. (a) 3/12/41 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: March day 10th year 1941 hour 11 minute 37 A. M.

21. I hereby certify that I attended the deceased from March 4th 1941 to March 10th 1941; that I last saw her alive on March 10th, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis; coromary occlusion	
Acute and chronic myocardial infarction	
Due to	
Due to	

Other conditions (Include pregnancy within 3 months of death): Lobar pneumonia, rt. lower lobe and bronchopneumonia, left lower lobe

Major findings:
Of operations
Of autopsy See above

PHYSICIAN
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)
While at work? (e) Means of injury

23. Signature Dwery R. Thom (M. D. or other)
Address Med. Dir. K.C. General Hospital Date signed 3-11-41

(Licensed Embalmer's Statement on Reverse Side)

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. W Warren Simpson

Licensed Embalmer No. 3965

P. O. Address. Kansas City, MO

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

If this body is not embalmed, fact should be so stated above.