

FILED AUG 16 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2652**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution:
5706 Virginia Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **-**
In this community **30 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Myra C Allen**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mr. John L. Allen** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **January 13 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **29** If less than one day hr. min.

9. Birthplace **Davis County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **-**

MOTHER FATHER { 12. Name **Davis Waters**
13. Birthplace **Unknown**
14. Maiden name **Sarah Reed**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. J. Allen**
(b) Address **5706 Virginia Ave**

17. (a) **Burial** (b) Date thereof **July 15, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **O. H. Newcomer's Son**
(b) Address **1401 Brush Creek Blvd**
19. (a) **July 15 1941** (b) **M. M. Crow**
(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 limits, write "RURAL")
(d) Street No. **5706 Virginia Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12th**
year **1941** hour **9** minute **P.M.**

21. I hereby certify that I attended the deceased from **Dec 9 1936**
19 **July 12** 19 **41**;
that I last saw her alive on **July 11 1941** 19 **41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia + terminal uremia** Duration **10 days**

Due to **Tuberculosis + Diabetes mellitus** **3 months 5 yrs.**

Due to **Hypertension + Atherosclerosis** **5 yrs.**

Other conditions **-**
(Include pregnancy within 3 months of death)
Major findings: **-**
Of operations: **-**
Of autopsy: **-**

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? **-**

While at work? **-** (Specify type of place) (e) Means of injury **-**
23. Signature **Paul C. Lewis** (M. D. or other) **M.D.**
Address **924 Park Bldg. N. C. Mo.** Date signed **7-14-41**

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

11-5

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 George M. Collins

Licensed Embalmer No. 3839

P. O. Address H.C. Mo.

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, fact should be so stated above.