

S. No. 4
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30520
Registrar's No. 3277

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Ellison Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 20 years

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. Ellison Hotel
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Bessie R. Allen
(b) If veteran, name war 1
(c) Social Security No. 1
(d) Sex Female (e) Color or race White
(f) (a) Single, widowed, married, divorced Married
(b) Name of husband or wife W. Lee Allen
(c) Age of husband or wife if alive 57 years
(g) Birth date of deceased January 28, 1884
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 31 year 1941 hour 11:30 P minute 30 M.
21. I hereby certify that I attended the deceased from September 1 1937 to Aug 31 1941.
that I last saw her alive on 8-29- 1941 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 7 3 hr. min.

Immediate cause of death
Hypertensive heart disease
Coronary occlusion
Due to Hydrothorax
Duration 4 yrs
2 1/2 mo
6 wks

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

Due to 19

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Home

Major findings: Of operations 95

12. Name Edward Walters

Of autopsy

13. Birthplace Paris, Illinois (City, town, or county) (State or foreign country)

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

14. Maiden name Mary Ashmore

23. Signature E. P. Peterson (M. D. or other) M.D.
Address 300 Argyle Bldg Date signed 9-2-41

15. Birthplace Paris, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant B. Lee Allen

(b) Address Ellison Hotel 9/2/41

17. (a) Burial (b) Date thereof Paris, Ill (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Quish & John Co.

(b) Address 120 West Linwood 9/2/41

19. (a) 9/2/41 (b) M. H. Brown (Date received local registrar) (Registrar's signature)

301 (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.....

Harold Perry

Licensed Embalmer No.....

4097

P. O. Address.....

K.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.