

FILLED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30716

Registrar's No. 3473

Registration District No. 399

Primary Registration District No. 1002

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:
1316 Vine
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 year
 (Specify whether
 In this community 1 year
 years, months or days)

3. (a) PRINT FULL NAME

Anna Allen

3. (b) If veteran,

name war

no

3. (c) Social Security

No. no

4. Sex

Female

5. Color or race

Negro

6. (a) Single, widowed, married,

divorced Widowed

6. (b) Name of husband or wife

Unknown

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

2 5 1873
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

68 7 10
hr. _____ min.

9. Birthplace

Fenton, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation

House work at home

11. Industry or business

at home

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Caren Richards

(b) Address

1316 Vine St. N.C. Mo.

17. (a)

Burial
(Interment, cremation, or removal)

(b) Date thereof

9-18-41
(Month) (Day) (Year)

(c) Place of burial or cremation

Highland Cem.

18. (a) Signature of funeral director

M. M. Crow

(b) Address

1187 1/2 State Ave. N.C. Mo.

19. (a)

7/18/41
(Date received local registrar)

(b)

M. M. Crow
(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. 1316 Vine
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15
 year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from

9-7-41, 1941, to 9-15-41, 1941
 that I last saw her alive on 9-13-41, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral apoplexy
 Due to age

Duration

Due to

Intestinal obstruction

Other conditions (Include pregnancy within months of death)

Obstruction

Major findings:

Of operations no

Of autopsy

no

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)

23. Signature [Signature] (M. D. or other)

Address 2202 E. 18th Date signed 9/16/41

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, ~~only~~.....

Eugene English
working under my personal supervision.

Registered Apprentice No.

Signed

Eugene English

Licensed Embalmer No. *4105*

P. O. Address

K. C. Kansas

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.