

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37509

State File No. \_\_\_\_\_

Registration District No. 295

Primary Registration District No. 1002

Registrar's No. 4304

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

48

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:  
3661 Madison  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 49 years  
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. 3661 Madison  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Alice Louise Allan  
 (b) If veteran, name war No  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. 21 day 41  
 year \_\_\_\_\_ hour 4:20 minute A M.  
 21. I hereby certify that I attended the deceased from Sept. 13 '41  
 \_\_\_\_\_, 19 \_\_\_\_\_, to Nov. 21 19 \_\_\_\_\_  
 that I last saw h. 50 alive on Nov. 20 '41, 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife George W. Allan  
 (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased January 1 1873  
(Month) (Day) (Year)

Immediate cause of death  
MALIGNANCY (CA) Sigmoid  
 Duration 2 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>20</u>	hr. _____ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Lawrence Kansas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation At Home

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name John Rogan  
 13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Edwards  
 15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

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

16. (a) Informant George W. Allan  
 (b) Address 3661 Madison  
 17. (a) Removal (b) Date thereof 11-24-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lawrence, Kansas  
 18. (a) Signature of funeral director Freeman Mortuary  
 (b) Address Kansas City, Missouri  
 19. (a) 11-21-41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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 B. C. Livingston (M. D. or other) MD  
 Address 6944 Perimeter Date signed Nov-21-41

