

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Barbara June Allred

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex fe 1 5. Color or race White 6. (e) Single, widowed, married, divorced ---

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased June 28, 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 6 7 --- hr. --- min.

9. Birthplace Chariton County, Mo. 10
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business ---

12. Name Frank Allred
13. Birthplace Nind, Mo. 10
(City, town, or county) (State or foreign country)

14. Maiden name Beulah Myers
15. Birthplace Sullivan Co., Mo. 10
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Allred
(b) Address Eardin, Mo.

17. (a) Burial (b) Date thereof Jan. 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eardin, Mo.

18. (a) Signature of funeral director John W. Knipschild
(b) Address Eardin, Mo.

19. (a) 1/4/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Eardin
(If outside city or town limits, write "RURAL")
(d) Street No. --- (If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1942 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 4
19 42 to Jan 4 19 42
that I last saw h. E. R. alive on Jan 4 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis
Duration ---

Due to ruptured appendix
Due to acute appendicitis

Other conditions ---
(include pregnancy within 3 months of death)

Major findings: 12/11
Of operations ---
Of autopsy --- 12/11

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 W. S. ... (M. D. or other) ---
Address 1216 Prof Bldg Date signed Jan 4 42

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

4
3
8

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed John W. Kuipschill

Licensed Embalmer No. 2789

P. O. Address Harlem 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.