

MAR 3 1942
Registration District No. **299**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson,**
(b) City or town **Kansas City,**
(c) Name of hospital or institution:
3452 Pennsylvania Avenue,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X**
In this community **28 years,** (Specify whether 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. **3452 Pennsylvania Avenue,**
(If rural, give location)
(e) Citizen of foreign country? **X** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Julia Allen,**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **22nd**
year **1942** hour **8:40** minute **A.** M.

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife **Ross Allen,**
6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **October 15 1853**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **about 2 years** to **2/22** 19**42**
that I last saw h. **W** alive on **2/21** 19**42**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
88 **4** **17** hr. min.

Immediate cause of death **Pneumonia Broncho** Duration **24 hr.**

9. Birthplace **Kentucky,** (City, town, or county) **1** (State or foreign country)

Due to **Senility 107**

10. Usual occupation **at home,**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business **X**

Major findings: Of operations

MOTHER FATHER { 12. Name **James Hamm,**
13. Birthplace **Illinois,** (City, town, or county) (State or foreign country)
14. Maiden name **Rebecca Roberts,**
15. Birthplace **Kentucky,** (City, town, or county) (State or foreign country)

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Rena Laird,**
(b) Address **3452 Pennsylvania Ave., K.C., Mo.**

22. If death was due to external causes, fill in the following:

17. (a) **Removal,** (b) Date thereof **2-24-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lenexa, Kansas.**

(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?

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

While at work (Specify type of place) (c) Means of injury.....
23. Signature **J. S. Allen** (M. D. or other) **3/24/42**
Address **811 Huron Blvd** date signed

19. (a) **2/24/42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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

Dr. Lewis G. Allen, K.C., K.

Funeral Bed

2 15 6

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.....

E. M. Plank

Licensed Embalmer No. *1848*

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.