

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26329**

FILED SEP 11 1942 9  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

Registrar's No. **3297**

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:  
**St. Joseph's Hospital 0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 Days**  
(Specify whether years, months or days)

In this community **40 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**

(c) City or town **Kansas City 3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **120 South Brighton Avenue 8**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mrs. Elzora Allen**

3. (b) If veteran, **None** name war \_\_\_\_\_

3. (c) Social Security No. **None**

4. Sex **Female 1** 5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widowed 2**

6. (b) Name of husband or wife **Mr. William Allen** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **August 12 1869**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **22** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **None**

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **John Ulrey**

{ 13. Birthplace **Dupont Illinois 1**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**

{ 15. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William J. Allen**

(b) Address **120 S. Brighton**

17. (a) **Burial** (b) Date thereof **Sept. 8, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **9/5/42** (b) **M. M. Crown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **4th**  
year **1942** hour **2** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **Aug. 25-42**  
19\_\_\_\_ to **Sept. 3** 19\_\_\_\_  
that I last saw him alive on **Sept. 3** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage 8 Days**

Due to **Hypertension 930 7/4**

Due to **Hypertension Heart**

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **R. L. Bell** (M. D. or other) \_\_\_\_\_  
Address **5242 Sepulch** Date signed **9/4/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. R. L. St. Clair  
5242 St. John

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**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.....

*R. L. St. Clair*

Licensed Embalmer No.....

4043

P. O. Address.....

*R. L. St. Clair*

**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.**