

FILED SEP 24 1942

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3420

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: Willows Hospital-2929 Main St 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 hrs  
(Specify whether years, months or days)

In this community same 3 1/2 hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2929 Main St  
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Darlene Allen

3. (b) If veteran, name war none

3. (c) Social Security No. no

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife --

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

7. Birth date of deceased: Sept 16 1942  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16  
year 1942 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from Sept 16 42  
1942 to Sept 16 42 1942  
that I last saw her alive on Sept 16 42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature death Duration

8. AGE: Years Months Days If less than one day  
3 hr. 30 min.

9. Birthplace Kansas City Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation babes

11. Industry or business --

Due to Nervous Exhaustion  
mother in prenatal  
stage

Due to 0

Other conditions 159  
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name George Carl Allen

13. Birthplace Joplin Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Christie Devereaux

15. Birthplace Carthage Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Will V. Smith  
(b) Address 2929 Main St

17. (a) Burial (b) Date thereof 9-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Eylar Funeral Home  
(b) Address 1800 Linwood K.C. Mo.

19. (a) 9-18-42 (b) W. M. Crow  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

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? no  
(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 W. M. Crow (M. D. or other)  
Address Independence Mo Date signed Sept 17 42

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>not</sup> ~~was~~ embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Chas Wilks*

Licensed Embalmer No.....

*2644*

P. O. Address.....

*1800 Linwood*

**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.**