

FILED MAY 5 1943

Registration District No. 149

Primary Registration District No. 1002

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:
3644 Forest,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO,
In this community all her life, (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. 3644 Forest,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Elizabeth Crooks Allen,

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William N. Allen, 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased November 5th, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 8 0 hr. min.

9. Birthplace Missouri, (City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X X

12. Name Luther Crooks,

13. Birthplace Unknown, (City, town, or county) (State or foreign country)

14. Maiden name Fredonia Walker,

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

16. (a) Informant William Allen, a

(b) Address 3644 Forest, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 4-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-15-43 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th year 1943 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from Aug 21 1942 to April 13 1943 that I last saw him alive on April 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Ch. Intersit. nephritis
arterio sclerosis,
Due to Diabetes
Other conditions 61
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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? 3644 Forest
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Hugh A. Strydom (M. D. or other) _____
Address 303 Westhamm Plaza Date signed 4-14-43

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

MOTHER FATHER

Dr. Gestring,

10 6 5 20
12 30

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.....

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.