

S. No. 2
M-5-42
5-17-39
X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30589
4048
State File No.

FILED OCT 13 1943

Registration District No. 100

Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
2002 East 9th Street
(d) Length of stay: In hospital or institution 50 Years
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2002 E. 9th St
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME VIOLA ALLAN
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 14 year 1943 hour minute
21. I hereby certify that I attended the deceased from Sept 13, 43 to Sept 14, 43
that I last saw her alive on Sept 14, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race 3. Negro 6. (a) Single, widowed, married, divorced, Wid.
(b) Name of husband or wife Frank Allen (c) Age of husband or wife if alive 1 years
7. Birth date of deceased June 7, 1879
(Month) (Day) (Year)

Immediate cause of death Hemorrhagic fever (dysentery) Duration 3 days
Due to 27c
Due to Acute Intestinal Gastron 7 days
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
64 3 7 hr. min.

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

10. Usual occupation Maid

11. Industry or business

12. Name Addison Robinson
13. Birthplace Norfolk, Virginia
14. Maiden name Margaret Taylor
15. Birthplace Norfolk, Virginia

16. (a) Informant Julia Perry
(b) Address 2317 Flora Ave.

17. (a) Burial (b) Date thereof 9/22/43
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Shalkins Bros
(b) Address 1729 Lydia Ave.

19. (a) 9-22-43 (b) T. E. Brown
(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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature R. B. Bishop M.D.
Address 518 Kidy Bell Date signed 9/14/43

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

18
3
8

MOTHER FATHER

361

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.