

S. No. 2
M-542
5-17-39
X32872

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30590

State File No. _____

4138

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas city
(c) Name of hospital or institution: General Hospital #A 20
(d) Length of stay: In hospital or institution 3 hours
In this community 3 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas city
(d) Street No. 928 Nebraska ave
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME William Allen
3. (b) If veteran, name war no
3. (c) Social Security No. 510-07-2145

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 24
year 1943 hour 11:45 minute A. M.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Oliver Allen
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased 5 18 1883

21. I hereby certify that I attended the deceased from Deputy Coroner
that I last saw him alive on
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Automobile Traumatism
Due to Fracture of Skull
Due to Crushed Injury to Chest

9. Birthplace Arkansas
10. Usual occupation Truck Painter
11. Industry or business self
12. Name Sam Allen
13. Birthplace Arkansas
14. Maiden name Amie Clark
15. Birthplace Arkansas

Other conditions 1700
Major findings: Of operations _____
Of autopsy yes

16. (a) Informant Oliver Allen
(b) Address 928 Nebraska ave
17. (a) Burial (b) Date thereof 9-29-43
(c) Place of burial or cremation Westlawn
18. (a) Signature of funeral director H. C. Ambrose
(b) Address 440 State ave
19. (a) 9-29-43 (b) J. C. Brown, Dep.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) acc. 123
(b) Date of occurrence 9-24-43
(c) Where did injury occur? K.C. Jackson, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Street 15th - Earlfield
While at work no (e) Means of injury Auto Trauma
23. Signature L.P. Richardson (M. D. or other) _____
Address 1832 Vine Date signed 9-25-43

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

49
0030

MOTHER FATHER

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. Sterling Bills*
Licensed Embalmer No. *3178*
P. O. Address *1212 Olive K. Co.*

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.