. S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40799

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5115

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: II07 Linwood Cornell Hotel /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 Years
years, months or days)

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") 8
(d) Street No. II07 Linwood Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME JAMES THOMAS ALLEN

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

4. Sex Male
5. Color or race Wh 0
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs Thenia D. Allen
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Feb (Month) 2I (Day) I867 (Year)

8. AGE: Years 76 Months 89 Days I4 If less than one day hr. min.

9. Birthplace MT Vernon Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Standard Oil CO
11. Industry or business
FATHER
12. Name S.R. Allen
13. Birthplace MT Vernon Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Josephine Johnson
15. Birthplace MT Vernon Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Thenia D. Allen
(b) Address II07 Linwood Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7th I943 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director Eylar Funeral Home
(b) Address I800 Linwood Blvd
19. (a) 12-6-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th year I943 hour I minute PM M.

21. I hereby certify that I attended the deceased from Nov - 20, 1943, to Dec. 5, 1943 that I last saw him alive on Dec 5, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Dilitation of heart	
Due to arteriosclerosis	
Due to Hypertension 97	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature James C Walker 0 (M. D. ~~or other~~)
Address 1424 Prefect Bldg Date signed 12-6-43

(Licensed Embalmer's Statement on Reverse Side)

C
DR JAMES WALKER PROF BG
Ha 0236

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1300 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.