S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

Registration District No. 119

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13551

Registrar's No. 1970

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: 2413 Bellefountain (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 50 yr

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.: 2413 Bellefountain (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) If yes, name country: 0

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3. (a) PRINT FULL NAME: Emma C Allen
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Wdow
6. (b) Name of husband or wife: Charles H. Allen
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Aug (Month) — (Day) 1857 (Year)
8. AGE: Years 86 Months 9 Days — If less than one day ____ hr. ____ min.
9. Birthplace: Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: at home
11. Industry or business: ____
FATHER 12. Name: Charles W Nelson
FATHER 13. Birthplace: Sweden (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lottie Adler
MOTHER 15. Birthplace: Sweden (City, town, or county) (State or foreign country)
16. (a) Informant: C. W. Zeigler
(b) Address: 2831 - Belleton Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May - 8 - 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Union Cem.
18. (a) Signature of funeral director: Mrs. C. R. Foster
(b) Address: 918 Brooklyn
19. (a) 5-6-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1944 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from May 3, 1944, to May 5, 1944; that I last saw h. alive on May 4, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration: days
Due to: ____
Due to: ____
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: John R. Lewis M.D. (M. D. or other)
Address: 3548 Indiana Date signed: 5-5-44

3 (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 Wm. H. Jackson

Licensed Embalmer No. 3954

P. O. Address K.C. Mo

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.