

FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33001  
4233  
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

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

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: R.C. GENERAL HOSPITAL No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 WEEKS  
(Specify whether  
In this community 51 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON 4  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2832 CAMPBELL STREET  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME MR. JAMES ROLLIN ALLEN

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month OCTOBER day 20<sup>TH</sup>  
year 1944 hour 12 minute 25 A.M.

3. (b) If veteran, name war NO  
3. (c) Social Security No. 496-24-8246

21. I hereby certify that I attended the deceased from  
that I last saw h. alive on Deputy Coroner, 19  
and that death occurred on the date and hour stated above.

4. Sex MALE 0  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED

Immediate cause of death.

6. (b) Name of husband or wife MRS. VIOLA A. ALLEN  
6. (c) Age of husband or wife if alive 51 years

Pontine Hemorrhage.

7. Birth date of deceased NOVEMBER 27 1862  
(Month) (Day) (Year)

Due to Street Car Trauma.

8. AGE:	Years	Months	Days	If less than one day
	81	10	23	hr. 1 min.

Due to (Pedestrian & Street Car)

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

Other conditions.  
(Include pregnancy within 3 months of death)

10. Usual occupation OWNER & OPERATOR

Major findings:  
Of operations 17/31

11. Industry or business J.R. ALLEN MFG & LOAN CO.

Of autopsy See Above

12. Name ORA ALLEN

13. Birthplace UNKNOWN NEW YORK  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN OSBORNE

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

16. (a) Informant MRS. VIOLA A. ALLEN

(b) Address 2832 CAMPBELL STREET

17. (a) BURIAL (b) Date thereof OCT. 23 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY.

18. (a) Signature of funeral director D. H. Newcomer, Iowa

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) Oct 23 1944 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 173

(b) Date of occurrence Oct. 4 1944.

(c) Where did injury occur? Kansas City Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place in public place?

While at work? No (Specify type of place) (e) Means of injury Trauma

23. Signature A. E. Upsher (M. D. or other) Mo

Address 28 McCoy Date signed 10/21/44

**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..... *Emile M. Calhoun* .....

Licensed Embalmer No. *3506* .....

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.**