S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39958

Registration District No. FILED DEC 22 1944 Primary Registration District No. 1002 Registrar's No. 4989

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: 2028 MONROE AVENUE
(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 4
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2028 MONROE AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Belle McConnell Allen
3. (b) If veteran, name war NO
3. (c) Social Security No. none
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. L. C. ALLEN
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased APRIL (Month) 30 (Day) 1873 (Year)

8. AGE: Years 71 Months 7 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace OSCEOLA (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business --
FATHER
12. Name UNKNOWN McCONNELL
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant MR. L. C. ALLEN
(b) Address 2028 MONROE AVENUE
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof DEC-13-1944 (Month) (Day) (Year)
(c) Place: burial or cremation D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 12-11-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9TH year 1944 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 9, 1940, to Dec 9, 1944 that I last saw her alive on Dec 8, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure with terminal Bronchopneumonia	3 days
Due to Cerebral apoplexy 12-7-44	
Due to Hypertension General arteriosclerosis	4 years
Other conditions (Include pregnancy within 3 months of death) Cerebral apoplexy with left side Hemiplegia Sept 3, 1940	
Major findings: Of operations No operation	
Of autopsy No autopsy 830	

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 Herman H. Thym MD (M. D. or other)
Address 6 No Lathrop B KC 6 Mo Date signed Dec 9 1944

(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 H. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address H. 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.