

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH: (a) County Jackson (b) City or town Kansas City, Mo (c) Name of hospital or institution St. Lukes Hospital (d) Length of stay: In hospital or institution 15 to 20 days

2. USUAL RESIDENCE OF DECEASED: (a) State Mo (b) County Clay (c) City or town N. R. C. (d) Street No. R. R. 4 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME LAUREL LIZABETH ALLEN (b) If veteran, name war no (c) Social Security No. no

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Feb day 10 year 1945 hour 11 minute P.M.

4. Sex Female (5. Color or race white) 6. (a) Single, widowed, married, divorced (b) Name of husband or wife (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from birth to 2/10, 1945; that I last saw her alive on 2/10/45 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days 15 7 6

Immediate cause of death Meningitis Due to Spinal bifida Due to 1570 Other conditions Hydrocephalic (developed 6th day)

9. Birthplace Kansas City, Mo (10. Usual occupation Child)

MOTHER FATHER 11. Industry or business 12. Name H. W. Allen 13. Birthplace Stillmore, Kansas 14. Maiden name Minimal Elizabeth Tracy 15. Birthplace Dubuque, Iowa

PHYSICIAN Underline the cause to which death should be charged statistically. Major findings: Of operations Of autopsy

16. (a) Informant H. W. Allen (b) Address R. R. 4, No. Kansas City, Mo 17. (a) Burial (b) Date thereof Feb 13-45 (c) Place: burial or cremation Mt. Washington 18. (a) Signature of funeral director Martin Funeral Home (b) Address No. Kansas City, Mo. 19. (a) 2-13-45 (b) N. O. Brown

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place? 23. Signature [Signature] (M. D. or other) Address 231 N. 47th St. Kansas City, Mo Date signed 2/17/45

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

18 3 8

501104

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 *Jack W. Laybawine*
Licensed Embalmer No. *1715*
P. O. Address *R. E. 170*

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.