S. No. 2
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v. 5-17-39
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WHITE 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. 19385

FILED JUL 3 1945

Registration District No. 1419 Primary Registration District No. 1002 Registrar's No. 2639

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: K.C.T.B.C. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-19-45 6-18-45 (Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City 48 (If outside city or town limits, write "RURAL")
(d) Street No. 1411 Brooklyn 3 (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Susan Allen
3. (b) If veteran, name war No
3. (c) Social Security No. 497-14-4458
4. Sex F
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vernon Allen
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Dec 1 1907 (Month) (Day) (Year)

8. AGE: Years 37 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Maitland Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Emmet Gunn
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mamie Finley
15. Birthplace Savannah Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Self Record Clerk
(b) Address K.C.T.B.C. Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Como
18. (a) Signature of funeral director Troy Gardner
(b) Address KC Kans
19. (a) 6-22-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1945 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from 4-19 1945 to 6-18 1945 that I last saw her alive on 6-18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 13 W
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 Daniel Working (M. D. or Coroner)
Address K.C.T.B.C. Hospital Date signed 6-18-45

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(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 Arvey Andrews, Registered Apprentice No. ....., working under my personal supervision.

Signed Arvey Andrews

Licensed Embalmer No. 3974

P. O. Address McKeans

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.