

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16526

State File No. _____
Registrar's No. 2379

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: ST LUKES HOSPITAL
(d) Length of stay: In hospital or institution 3 WEEKS
In this community 27 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(d) Street No. 3239 WARFIELD AVENUE
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country QUEBEC CANADA

3. (a) PRINT FULL NAME: Mrs ROSE B. ALLEN
(b) If veteran, name war: NO
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 25th year 1946 hour 9 minute 00 P.M.
21. I hereby certify that I attended the deceased from May 2, 1946 to May 25, 1946 that I last saw her alive on May 25 and that death occurred on the date and hour stated above.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. JOHN ALLEN
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased NOVEMBER 11 1885

Immediate cause of death: Glioma of Brain of malignant
Duration: 1 yr

8. AGE: Years 60 Months 6 Days 14 hr min.

9. Birthplace QUEBEC CANADA

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name LAWRENCE BOUILLON
13. Birthplace CANADA
14. Maiden name SOPHIE REAL
15. Birthplace CANADA

Other conditions: 5415
Major findings: Of operations
Of autopsy: above diagnosis confirmed

16. (a) Informant John A. Allen
(b) Address 3239 Warfield

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) REMOVAL (b) Date thereof MAY 29 1946
(c) Place: burial or cremation CHICAGO, ILLINOIS

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?

18. (a) Signature of funeral director D. H. Newcomer, Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 5-29-46 (b) Ewaldine Holmes

23. Signature M. J. Perry (M. D. or other)
Address 201 Plaza Med Bldg Kansas City
Date signed May 27, 46

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

9:30
201. *[Handwritten signature]*

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..... *E. Oscar Northey*

Licensed Embalmer No. *1767*

P. O. Address..... *Kansas City*

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.