

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20107

FILED JUN 30 1947

Registration District No.

Primary Registration District No. 1000

State File No.

Registrar's No. 783

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town no joint
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs - 3 mo. 6 days
(Specify whether years, months or days)
In this community 11 yrs - 3 mo - 6 days

3. (a) PRINT FULL NAME Addie Allen

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Oscar Allan
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Feb. 2 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 22
If less than one day hr. min.

9. Birthplace unk Okl.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Martha Larmann
13. Birthplace unk Ga.
(City, town, or county) (State or foreign country)
14. Maiden name Anderson
15. Birthplace unk Do Not Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Oscar Allen
(b) Address Kansas City, Mo. 9601 Van Horn

17. (a) Removal (b) Date thereof June 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Stamey Funeral Home
(b) Address St. Joseph, Mo.

19. (a) 6-27-47 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 9601 Van Horn
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1947 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 1 1947, to June 24 1947
that I last saw him alive on June 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive
pre-eclampsia Duration 2 days
Due to mental deterioration 10 years

Due to schizophrenia paranoid type 10 yrs

Other conditions
(Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Thomas Thomas (M. D. or other)
Address St. Joseph, Mo Date signed 6/24

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

Charles M. Harman Registered Apprentice No. 458
working under my personal supervision.

Signed

John L. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph 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.