. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24060

FILED AUG 13, 1947

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 3223

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: 5116 WABASH 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 26 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5116 WABASH AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

48
3
8
0

3. (a) PRINT FULL NAME MISS EULA B. ALLMAN
3. (b) If veteran, name war NO
3. (c) Social Security No. 486-07-7192
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased SEPTEMBER (Month) 9 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	10	21	hr. min.

9. Birthplace ROCKY COMFORT (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation
11. Industry or business BURD & FLETCHER PRINTING CO.

FATHER
12. Name GEORGE ALLMAN
13. Birthplace OWEN (City, town, or county) INDIANA (State or foreign country)

MOTHER
14. Maiden name FLORENCE GILMAN
15. Birthplace SALEM (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant MRS. FLORENCE ALLMAN
(b) Address 5116 WABASH AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof ~~July~~ Aug 1-1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ FLORAL HILLS CEM.
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 8-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 30TH year 1947 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw h..... alive on ..... 19....; and that death occurred on the date and hour stated above.

Pathologist

Immediate cause of death Generalized Carcinomatosis

Due to Papilliferous Cystadeno Carcinoma of Ovary

Due to

Other conditions (Include pregnancy within 3 months of death)

49

Major findings:
Of operations
Of autopsy above

Duration

PHYSICIAN
Underline the cause of 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 Russell Kermil (M.D. or other)
Address St Joseph Hospital KCMO Date signed

Jefferson City Printing Co.

(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 Jess T. Dews

Licensed Embalmer No. 4453

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.