S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37978

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 4666

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~~: RESEARCH HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~: 3 WEEKS (Specify whether years, months or days)
In this community: 70 YEARS

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.: 14 EAST 50TH STREET (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

48
3
8

3. (a) PRINT FULL NAME: MRS. ROSA ALLEN
3. (b) If veteran, name war: No
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MR. SCOTT T. ALLEN
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: MAY (Month) 31 (Day) 1876 (Year)

8. AGE: Years 71 Months 5 Days 27 If less than one day: hr. 0 min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business: HOUSEWIFE
FATHER
12. Name: Adam Schmacher
13. Birthplace: (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name: Margaret Hoeffer
15. Birthplace: (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: MR. SCOTT T. ALLEN
(b) Address: 14 EAST 50TH STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: NOV. 10 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: ELMWOOD CEMETERY
18. (a) Signature of funeral director: D. H. Newcomer Sons
(b) Address: 1401 BRUSH CREEK BLVD
19. (a) 11-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 8TH year 1947 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from 1937, 19..., to NOV. 8, 1947, that I last saw her alive on NOV. 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Cervix Uteri	unknown
Due to:	
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	unknown
Major findings: Of operations: 48 hr	
Of autopsy:	

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: 0
23. Signature: Paul H. Poynstone (M. D. or other) M.D.
Address: 1110 Bryant Bldg Date signed: Nov. 8, 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Bryant Bldg.

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.