

No. 2
5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38185
4981
Registrar's No. 4981

FILED DEC 9 1947 49
Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution 4 hours
In this community 4 hours

3. (a) PRINT FULL NAME Allen Leroy Hastings
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 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
7. Birth date of deceased February 13, 1938

8. AGE: Years Months Days If less than one day
9 9 13 hr. min.

9. Birthplace Garden City, Missouri
10. Usual occupation Student
11. Industry or business Grade school

MOTHER FATHER
12. Name Loran L. Hastings
13. Birthplace Latour, Missouri
14. Maiden name Mildred A. Garrett
15. Birthplace Harrisonville, Mo.

16. (a) Informant Loran L. Hastings
(b) Address Route #1 Shawnee, Kansas
17. (a) Burial (b) Date thereof Nov 29, 1947
(c) Place: burial or cremation Shawnee, Kansas
18. (a) Signature of funeral director E. Paul Amos Funeral
(b) Address Shawnee, Kansas
19. (a) 11-27-47 (b) Heraldine Holmes

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Johnson
(c) City or town Shawnee
(d) Street No. Route #1
(e) Citizen of foreign country? No
If yes, name country X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 26
year 1947 hour 6:05 minute 8 M.
21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Fractured Skull
subdural hemorrhage
Due to Crushed chest
Proximal left hip
Due to Auto pedestrian
Other conditions (include pregnancy within 3 months of death) 170C
Major findings: 21
Of operations
Of autopsy yes as above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 11-26-47
(c) Where did injury occur? Shawnee Johnson Kansas
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
public place
While at work? no (e) Means of injury Auto
23. Signature J. M. Walker (M. D. or other) Cur
Address 1424 Maple Date signed 11-26-47

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 Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address Kansas City 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.