

FILED FEB 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2414
804

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG.-DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)	
b. CITY OR TOWN St. Louis		a. STATE Kansas	b. COUNTY 999
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Wichita 14	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. STREET ADDRESS (If rural, give location) 1158 N. Waco 2	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Harry	b. (Middle) Tate	c. (Last) Allison	Jan. 27 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1/15/1889	9. AGE (In years last birthday)	10. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor	10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. Railroad	11. BIRTHPLACE (State or foreign country) Clearfield Co Penn		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME John Ellsworth Allison	13b. MOTHER'S MAIDEN NAME Elizabeth Jane Lowman	14. NAME OF HUSBAND OR WIFE Pearl Monroe Allison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 702-18-5386	17. INFORMANT'S SIGNATURE OR NAME Pearl Monroe Allison ADDRESS Wichita Kansas

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	Chronic Glomerulonephritis		unknown
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1948, to Jan. 27, 1949, that I last saw the deceased alive on Jan. 26, 1949, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE Island O. Hosts D. M.D.	(Degree or title)	23b. ADDRESS Mo. Pac. Hosp	23c. DATE SIGNED 1-27-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/27/49	24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery	24d. LOCATION (City, town, or county) (State) Wichita Kansas
DATE REC'D BY LOCAL JAN 27 1949	REGISTRAR'S SIGNATURE J. B. Fasatta	25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster Inc 6633 Clayton Rd	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address.....

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.