

FILED AUG 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27120

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5522		Registrar's No. 137					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE mo				b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence, mo				c. LENGTH OF STAY (In this place) 23 da				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 8 Kansas City, mo			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jackson Co. Emergency Hosp. #1				d. STREET ADDRESS (If rural, give location) 8520 Prospect							
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle)			c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 25, 1866		9. AGE (In years last birthday) 83		10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) 4 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Fond du Lac, Wisconsin		12. COUNTRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME No Data				13b. MOTHER'S MAIDEN NAME No Data				14. NAME OF HUSBAND OR WIFE No Data			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.				16. SOCIAL SECURITY NO. 494-12-3317				17. INFORMANT'S SIGNATURE OR NAME ADDRESS George White, Kansas City, Missouri			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				INTERVAL BETWEEN ONSET AND DEATH 3 Days			
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Vascular Renal Disease years							
				DUE TO (c)							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4/2X			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.			21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 10, 1949, to Aug. 2, 1949, that I last saw the deceased alive on Aug. 1, 1949, and that death occurred at 4:10A.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Frank E. Jerhonne, MD						23b. ADDRESS Independence, Missouri			23c. DATE SIGNED 8/4/49		
23d. BURIAL, CREMATION, REMOVAL (Specify) Burial		23e. DATE 8/4/49		23f. NAME OF CEMETERY OR CREMATORY Greenlawn		23g. LOCATION (City, town, or county) (State) Jackson County, Missouri					
DATE REC'D BY LOCAL REG. AUG. 3, 1949		REGISTRAR'S SIGNATURE Donald C. Emanuel 978				23h. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland R. Specks Indep. Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 RECD

STATEMENT BY LICENSED EMBALMER

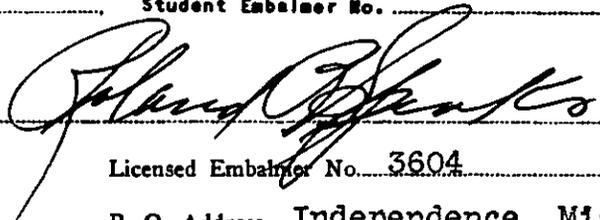
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed



Licensed Embalmer No. 3604

P. O. Address Independence, Missou

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.