

FILED APR. 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12812  
Registrar's No. 1546

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson Co.		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Independence 0484	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. Osler Prothetic		d. STREET ADDRESS (If rural, give location) 731 N. Roland	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) M c. (Last) Allen		4. DATE OF DEATH (Month) (Day) (Year) March 30, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 9, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Jackson County, Mo.
12. CITIES OF WHAT COUNTRY USA		13a. FATHER'S NAME Amos Allen	13b. MOTHER'S MAIDEN NAME Susan Clayton
14. NAME OF HUSBAND OR WIFE Katharyn Allen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Katharyn Allen	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES DUE TO (b) Nostalgia DUE TO (c) Hypertrophy of prostate Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 hr	
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 3/27, 1950, to 3/29, 1950, that I last saw the deceased alive on 3/29, 1950, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Fred J. Zimmmer		23b. ADDRESS Indep Mo	
23c. DATE SIGNED 4-1-50		23d. DEGREE OR TITLE	
24a. FUNERAL CREMATION REMOVAL	24b. DATE 4-1-50	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem	24d. LOCATION (City, town, or county) (State) Indep Mo
DATE REC'D BY LOCAL REG. 4-3-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Al Mitchell	
		ADDRESS Indep Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

