

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1951

State File No. **20031**
Registrar's No. **2401**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY **JACKSON**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY** c. LENGTH OF STAY (In this place) **28 yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **GENERAL HOSPITAL #2**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **JACKSON**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY**
d. STREET ADDRESS (If rural, give location) **1216 Lydia Avenue**

3/10/8

3. NAME OF DECEASED (Type or Print)
a. (First) **RUTH** b. (Middle) _____ c. (Last) **ALLEN**
4. DATE OF DEATH (Month) (Day) (Year) **MAY 31 1951**

5. SEX **FEMALE** 6. COLOR OR RACE **NEGRO** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**
8. DATE OF BIRTH **OCTOBER 25 1901** 9. AGE (In years last birthday) **49** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **MAID** 11. BIRTHPLACE (State or foreign country) **AUGUSTA, GEORGIA** 12. CITIZEN OF WHAT COUNTRY? **U. S.**

13a. FATHER'S NAME **JOHN HOLLAND** 13b. MOTHER'S MAIDEN NAME **RUTH** 14. NAME OF HUSBAND OR WIFE **REESE ALLEN**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **BETTY ALLEN** ADDRESS **1903 Agnes**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **UREMIA**
ANTECEDENT CAUSES **METASTATIC CARCINOMA OF THE LUNGS**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **INVADING CARCINOMA OF THE CERVIX**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1718

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO
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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3-29, 1951 to 5-31, 1951, that I last saw the deceased alive on 5-27, 1951, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE **E. Frank Ellis** (Degree or title) _____ 23b. ADDRESS **600 East 22nd Street** 23c. DATE SIGNED **6-2-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6/6/51** 24c. NAME OF CEMETERY OR CREMATORY **Highland Cemetery** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **6-5-51** REGISTRAR'S SIGNATURE **Seraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Walter L. Prosser** ADDRESS **18th & Beaton**

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

JUN 5 1961

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 Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Bruce L. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.