

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**1301**

State File No. 25

FILED FEB 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>22 YRS.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4129 Virginia</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>4129 Virginia</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <u>PAUL</u>	a. (First) _____ b. (Middle) <u>E.</u> c. (Last) <u>ALLEN SR</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 1, 1953</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 28, 1895</u>	<b>9. AGE</b> (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Auditor</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Retail Lumber Co.</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Rice County, Kansas</u>
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<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	<b>13a. FATHER'S NAME</b> <u>James Allen</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>LaVisa Willard</u>
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<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mary M. Allen</u>	<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-1, Air Corp;</u>	<b>16. SOCIAL SECURITY NO.</b> <u>486-01-3780</u>
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<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Mary M. Allen, Kansas City, Mo.</u>	<b>ADDRESS</b> <u>Kansas City, Mo.</u>	<b>MEDICAL CERTIFICATION</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.
<b>19a. DATE OF OPERATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>           <u>4200</u>

<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Geo. C. Sealhofer</u> (Degree or title)	<b>23b. ADDRESS</b> <u>4050 Resolvent Blvd</u>	<b>23c. DATE SIGNED</b> <u>1-2-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>1-5-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Olivet</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-5-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>
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<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Melody McGl lley Eylar, K. C. Mo.</u>	<b>ADDRESS</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Ben E. Heck*

Licensed Embalmer No.

4063

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.