.S. No. 300
ev. 10.48

FILED OCT 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35760

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4831

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 632 W. 61st Terr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson 3848
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0
e. STREET ADDRESS (If rural, give location): 632 W. 61st Terr.

3. NAME OF DECEASED (Type or Print): a. (First) HARRY b. (Middle) C. c. (Last) ALLEN
4. DATE OF DEATH (Month) (Day) (Year): 10-7-53
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Jan. 11, ~~1874~~ 1876
9. AGE (In years last birthday): ~~79~~ 77 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Purchasing Agent-Armour & Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Philadelphia, Pennsylvania 1
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Charles Henry Allen
13b. MOTHER'S MAIDEN NAME: Alice A. Spangler
14. NAME OF HUSBAND OR WIFE: Ruth Elizabeth 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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ruth E. Allen, ADDRESS: 632 W. 61 Terr., K.CMO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 24 HRS.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROTIC HEART DIS. — 2-3 YRS

DUE TO (c) — NO

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. PARKINSON'S DISEASE — 4 YR. / 1 YR.

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) m.: /
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* AUG 1, 1953, *to* OCT. 7, 1953, *that I last saw the deceased alive on* OCT. 7, 1953, *and that death occurred at* 11:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: George K. Landis (Degree or title) MD — George K. Landis MD
23b. ADDRESS: 1630 Prof. Bldg
23c. DATE SIGNED: Oct. 7, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 10-9-53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Crematory
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri
DATE REC'D BY LOCAL REG.: 10-8-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STINE & McCLURE FUND. CO. K.C.MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Geo. B. Landis
1630 Professional Bldg.
Vi 1643
TOD 11:00 a m

In until 5:00 PM.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eugene T. Kennon

Licensed Embalmer No. 463

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.