

FILED MAR 8 1956 THE DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **4571**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **671**

1. PLACE OF DEATH  
a. COUNTY **Jackson**

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)  
OR TOWN **Kansas City Mo 344th**

c. CITY OR TOWN **Kansas City**  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2307 Paplar**

e. STREET ADDRESS (If rural, give location) **2307 Paplar St**

3. NAME OF DECEASED  
a. (First) **Mr Charles** b. (Middle) **B** c. (Last) **Allen**

4. DATE OF DEATH (Month) (Day) (Year)  
**2-13-1956**

5. SEX **0** male  female   
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**married**

8. DATE OF BIRTH **May 2 1890**

9. AGE (In years last birthday) **65**  
IF UNDER 1 YEAR: Months - Days - Hours - Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Salt Dealer Cudahy Packing**

10b. KIND OF BUSINESS OR INDUSTRY  
**Coal Indian territory Oklahoma**

11. BIRTHPLACE (City and State or Foreign Country)  
**U. S. A.**

12. CITIZEN OF WHAT COUNTRY?  
**U. S. A.**

13a. FATHER'S NAME **Alonzo Allen**

13b. MOTHER'S MAIDEN NAME **Sarah Richardson**

14. NAME OF HUSBAND OR WIFE **Mollie Allen**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)  
**no**

16. SOCIAL SECURITY NO. **510-07-0786A**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Mollie Allen 2307 Paplar**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*  
**Carcinoma of Stomach**  
INTERVAL BETWEEN ONSET AND DEATH **8 MO**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
DUE TO (b) **unknown**  
DUE TO (c) **unknown**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**none**  
**15th**

19a. DATE OF OPERATION **April 1955**

19b. MAJOR FINDINGS OF OPERATION  
**Carcinoma of Stomach**

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **no**

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) **40**

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 **Jan 1 1956**, to **2-13-56**, that I last saw the deceased alive on **2/13**, 19**56** and that death occurred at **6:40P** m., from the causes and on the date stated above.

23a. SIGNATURE **M. B. Casbolt MD** (Degree or title)

23b. ADDRESS **6000 Baltimore Ave. E. Mo**

23c. DATE SIGNED **2/14/56**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24b. DATE **2-16-56**

24c. NAME OF CEMETERY OR CREMATORY **Mt Meriah Jackson Co Mo**

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE **2-14-56 Nera Minshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**France Wornall Funeral Home**

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

1-1-8  
200-9  
(507)

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.....  
Signature of Student Embalmer

Signed *Russell N. Fran*

Licensed Embalmer No. 42

P. O. Address K.C.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.