

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 40938
Registrar's No. 58Registration District No. 778 Primary Registration District No. 668 A

1. PLACE OF DEATH

- (a) County Saline
(b) City or town Rural Clay Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)2. (a) PRINT
FULL NAMEMary Jane Allison

8. (b) If veteran,
name war _____

8. (c) Social Security
No. _____

4. Sex Female5. Color or
race White

6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife If

alive _____ years

7. Birth date of deceased June 13 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 5 10 hr. min.

9. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Alfred J. Allison

13. Birthplace Cooper Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Ingraham

15. Birthplace Miss
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. J. Allison

- (b) Address Marshall Mo

17. (a) Burial (b) Date thereof Nov 24 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Bridge Park, Cu

18. (a) Signature of funeral director Campbell Lewis

- (b) Address Marshall Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature) 711

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Saline

- (c) City or town _____
(If outside city or town limits, write "RURAL")

- (d) Street No. _____
(If rural, give location)

- (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1939 hour 3.30 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 29,
1939, to Nov 23, 1939;

that I last saw her alive on Mar 27, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Meningo enceph
alitis following attack
of cerebral hemorrhage
due to (apoplexy) and parasple
gia in August. Evidence
Due to of encephalitis developed
about Sept. 30, 1939

Other conditions Complete rupture
(include pregnancy within 3 months of death)

Major findings: Brain from paralytic had occurred

Of operations _____

Of autopsy none M J W
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____
(City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. J. Manning (M. D. officer)

Address Marshall, Mo Date signed 11/24/39

12/19/99
RECEIVED
Health Officer No. 8

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40938

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 799
(b) Township Clay Primary Registration District No. 6043 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Jean Allison
(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 5 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 11 24 39 W. M. Tuttle Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) D. F. Manning, M. D.

(Address) Marshall

