

MAY 13 1940 **85**

Registration District No. **85** Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3107 Lafayette **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)
In this community 5 years

3. (a) PRINT FULL NAME Mary Lavenia Allison

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Wesley 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased August 15 1847
(Month) (Day) (Year)

8. AGE: Years 92 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Richmond Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name Benjamin J. Brown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary White
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Brown
(b) Address St. Joseph, Missouri

17. (a) removal (b) Date thereof April 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Sunny Slope Cemetery

18. (a) Signature of funeral director Halter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 4/19/40 (b) H. Meierhoffer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3107 Lafayette Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1940 hour 8 minute 15 p. M.

21. I hereby certify that I attended the deceased from February 28, 1940 to March 17, 1940
that I last saw her alive on March 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Since 2-28-40

Due to Arteriosclerosis general (P)
Due to ✓

Other conditions (Include pregnancy within 3 months of death) 820

Major findings: Of operations None
Of autopsy ✓
PHYSICIAN 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? 85

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

23. Signature H. Meierhoffer (M. D. or other) ✓
Address Phys & Surg Bldg. Date signed 4-18-40

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.....

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

Signed.....

W H Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri

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.