

Registration District No. **449**

Primary Registration District No. **4267**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **LACLEDE**
(b) City or town **LEBANON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **228 N TAYLOR**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **ALWAYS** years, months or days

3. (a) PRINT FULL NAME **ELLSWORTH ALLISON 425**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **JESSIE APPLINE**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **SEPT. 17 1880**
(Month) (Day) (Year)

8. AGE: Years **59** Months **10** Days **17** If less than one day hr. _____ min.

9. Birthplace **LACLEDE Co. MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **POLICE OFFICER**

11. Industry or business _____

MOTHER FATHER { 12. Name **CHAS. C. ALLISON** 0
13. Birthplace **MO**
(City, town, or county) (State or foreign country)
14. Maiden name **MINERVA MARTIN**
15. Birthplace **TENN.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Chas. C. Allison**
(b) Address **LEBANON MO**

17. (a) **BURIAL** (b) Date thereof **8-5-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LEBANON MO**

18. (a) Signature of funeral director **PALMER'S 404**
(b) Address **LEBANON MO**

19. (a) **8-5-40** (b) **J. A. McComb**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **LACLEDE**
(c) City or town **LEBANON MO**
(If outside city or town limits, write "RURAL")
(d) Street No. **228 N TAYLOR**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **4**
year **1940** hour _____ minute **1** A.M.

21. I hereby certify that I attended the deceased from **Dec 11**, 19**40**, to **Aug 4**, 19**40**.
that I last saw him alive on **Aug 4**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pericarditis** Duration _____

Due to **Lobar Pneumonia**
Bacterial 4 weeks

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) **106**

Major findings:
Of operations _____
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? _____

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

23. Signature **J. A. McComb** (M. D. or other) _____
Address **Lebanon Mo** Date signed **8-5-40**

RECEIVED
District Health Officer No. 7
District File Number 9-40-1303
Date Filed 9-16-40

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.....

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

Signed.....

W. B. Palmer

Licensed Embalmer No. 1161

P. O. Address

Lebanon Mo

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

If this body is not embalmed, above space should be left blank.