DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42182

Registration District No. 198 | Primary Registration District No. 5277A | Registrar's No. 181

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: On highway 69, west of Excelsior Spgs. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond, Missouri (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.

3. (a) PRINT FULL NAME Fred Allison

3. (b) If veteran, name war ____

3. (c) Social Security No. 486-09-4263

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Grace Allison

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Sept. 24, 1897 (Month) (Day) (Year)

8. AGE: Years 43 | Months 2 | Days 16 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Miner

11. Industry or business Coalmine

FATHER
12. Name Silas Wilbert Allison
13. Birthplace Amazonia (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Samantha Holloway
15. Birthplace Ray County (City, town, or county) Missouri (State or foreign country)

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

(b) Address Richmond, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Mo.

19. (a) 12-11-40 (Date received local registrar) (b) Mrs Rev. McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th 1940 year 1940 hour 7 minute P M.

21. I hereby certify that I attended the deceased from ____ 19__ to Coroner, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death By unavoidable accident no blame on either party by automobile accident

Due to ____

Due to ____

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

Major findings: Of operations ____

Of autopsy ____

Duration

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) accident

(b) Date of occurrence Dec. 10th 1940

(c) Where did injury occur? Highway 69 - 1 mile west of Ex. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature R. W. Prather M. D. Coroner (M. D. or other)

Address Excelsior Springs Mo. Date signed 12/11/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

RECEIVED
District Health Officer No. 8,
District File Number 1-3-41
Date Filed

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 Claude Pritchard

Licensed Embalmer No. 2751

P. O. Address Ex Spge Mo.

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

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

No. 2B
-21-40
X22859

ROWENA MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. [redacted]

Registration District No. 198 Primary Registration District No. 2277A Registrar's No. 181

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Clay

(b) ~~City or town~~ Fishing River Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(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.

3. (a) PRINT FULL NAME Fred Allison

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Unavoidable accident no blame on either party — Duration

Due to Car Wreck

Due to Stepped in front of Auto on U. S. Highway 69

Other conditions (Include pregnancy within 3 months of death)

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) Acc

(b) Date of occurrence Dec 10 - 1940

(c) Where did injury occur? 1 mi W of Excelsior Sp. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 69 (Specify type of place)

While at work? (e) Means of injury

23. Signature R W Prather Coroner (M. D. ~~or other~~)

Address Date signed

1940
S-42182