

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11691

MAR 19 1941  
Registration District No. 688

State File No.

Primary Registration District No. 4412

Registrar's No. 7

## 1. PLACE OF DEATH:

- (a) County Pike  
(b) City or town Frankford  
(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 4 Months (Specify whether  
In this community 4 Months years, months or days)

3. (a) PRINT FULL NAME Clyde Allison3. (b) If veteran,  
name war3. (c) Social Security  
No. 492-0742754. Sex Male 5. Color or race White 6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife Edith Allison 6. (c) Age of husband or wife if  
alive 45 years7. Birth date of deceased Oct 6 1885  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
55 3 29 hr. min.9. Birthplace Frankford Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Marble & Granite Work

## 11. Industry or business

12. Name Thomas Allison  
13. Birthplace Kentucky  
14. Maiden name Elizabeth Thompson  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Edith Allison(b) Address Hannibal Missouri17. (a) Burial (b) Date thereof Feb 6 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Frankford Missouri18. (a) Signature of funeral director W. L. Jones(b) Address Frankford Mo19. (a) Feb 15 1941 (b) Mattie Russell  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pike  
(c) City or town Frankford  
(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. 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4  
year 1941 hour 4 minute 30 P. M.21. I hereby certify that I attended the deceased from  
Dec. 4 1940 to Feb. 4 1941.  
that I last saw him alive on Feb. 3 1941  
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary  
hemorrhage DurationDue to Calculus  
CalculusDue to 12/10  
Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations  
Of autopsy

## 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?

23. Signature W. L. Jones (M. D. or other)  
Address Frankford, Mo Date signed 2/24/41

RECEIVED

District Health Officer No. 10

District File Number 3-41-532

Date Filed MAR 10 1941

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. 4093

P. O. Address Frankford Me

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.