

MAILED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34474

Registration District No. 99

Primary Registration District No. 4061

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Palo Alto
(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)
In this community 7 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell
(c) City or town Palo Alto
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Josephine Allison

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Allison
6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased March 5 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 0
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
12. Name Wesley Ripe
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Bernice Bell
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. D. Shuffler
(b) Address Palo Mo

17. (a) Burial (b) Date thereof 10-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yvonne Cemetery

18. (a) Signature of funeral director Alfred Cowley
(b) Address Palo Mo

19. (a) Oct 7 - 41 (b) Miss W. C. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 5
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 20
1941 to Oct 5, 1941
that I last saw him alive on Oct 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis with
with dementia.

Due to Origin Unknown

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 97
Of autopsy _____

Duration
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 C. H. Walker (M. D. or other) 0
Address Palo Mo Date signed 10-6-41

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

3
0
6

NOV 28 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.....

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.