

FILED OCT 31 1941  
Registration District No. 318 324

Primary Registration District No. 5449

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

1. PLACE OF DEATH:

(a) County GREENE Robberson twship

(b) City or town Springfield WILLARD

(c) Name of hospital or institution: WILLARD MO. R # 2 1

(d) Length of stay: 39 YEARS (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Willard

(d) Street No. R. F. D. # 2

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MALISSA A. McALLEN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 3 - 1855 years (Day) (Year)

7. Birth date of deceased Aug 3 - 1855 (Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business House work in home

12. Name Stobough

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

14. Maiden name unknow

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

16. (a) Informant Elizabeth Ann Best

(b) Address Willard Mo. R # 2

17. (a) Burial (b) Date thereof Oct 2-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Roberson Prairie Cm.

18. (a) Signature of funeral director W. Flugent Co

(b) Address Springfield, Mo.

19. (a) Oct-1-1941 (Date received local registrar)

(b) Mrs Guy Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 30 year 1941 hour 8 minute 15 A M.

21. I hereby certify that I attended the deceased from Aug 20 1941 to Sept 20 1941; that I last saw her alive on Sept 25 1941 and that death occurred on the date and hour stated above

Immediate cause of death Sen Demity Duration 9 yrs

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 2

(c) Where did injury occur? none (City or town) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? none (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature B. F. Freeman M.D. or other \_\_\_\_\_

Address Springfield Mo Date signed 10-20-41

DEPARTMENT OF HEALTH

Case, File Number 41-10-99

File Filed 10/29/41

JAN 12 1942

**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 Roy A. Gowan  
Licensed Embalmer No. 1763  
P. O. Address Springfield MO

**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, fact should be so stated above.**