

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43278

JAN 13 1942  
Registration District No. 904

Primary Registration District No. 6215-

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County North  
(b) City or town Rural - Union Township  
(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 32 years  
years, months or days

3. (a) PRINT FULL NAME George Allison

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) ☒ Single, widowed, married, divorced married  
6. (b) Name of husband or wife Velma Allison 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased 6 - 17 - 1889  
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Nodaway (City, town, or county) (State or foreign country) 0

10. Usual occupation farmer

11. Industry or business farming

MOTHER FATHER { 12. Name Milford Allison  
13. Birthplace Canada (City, town, or county) (State or foreign country)  
14. Maiden name Frances Ellen Barks  
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Velma Allison

(b) Address Sheridan, Mo

17. (a) burial (b) Date thereof 12-4-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Isadora Cemetery

18. (a) Signature of funeral director Arch C. Duffer

(b) Address Grant City, Mo

19. (a) 12-4-1941 (b) M. H. Bond  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2  
year 1941 hour 5 minute a M.

21. I hereby certify that I attended the deceased from Nov 1  
1941, to Dec 2 1941

that I last saw him alive on Dec 2 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

myo Carditis

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

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

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? \_\_\_\_\_

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

23. Signature P. J. Ganten (M. D. or other) Dr

Address Sheridan, Mo Date signed 12-5-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

826

(Licensed Embalmer's Statement on Reverse Side)

**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.**