

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6449

State File No. _____

Registration District No. 2-8-237

Primary Registration District No. 5340

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wade
(b) City or town Rural Smith Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution New Farmers, Mo. 1
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 60 years (years, months or days)

3. (a) PRINT FULL NAME

Charles Russ Allison

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased June 23 1867
(Month) (Day) (Year)

8. AGE: Years 14 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Mathias W. Allison

13. Birthplace Wade County, Mo. 11
(City, town, or county) (State or foreign country)

14. Maiden name Mary V. Hampton

15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie Allison

(b) Address South Greenfield, Mo. Rt. #1

17. (a) Burial (b) Date thereof 2/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Asa L. Marsh

(b) Address Greenfield, Mo.

19. (a) 2/12/42 (b) Benjamin M. Boice
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wade 21
(c) City or town South Greenfield, Mo. Rt. #1
(If outside city or town limits, write "RURAL")
(d) Street No. South of Farmers, Mo. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11 th
year 1942 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 11 to Feb 11, 1942
that I last saw him alive on Feb 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Wrenia

Due to Prostatic hypertrophy

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

4 days

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) _____

(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 W. D. Combs (M. D. or other) _____

Address Lockport, Mo. Date signed 2/12/42

1682 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 342-295-

Date Filed MAR 10 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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed Forest Klepper.....

Licensed Embalmer No. 4226

P. O. Address Amara, 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.