

Registration District No. 200 1104

Primary Registration District No. 5415

Registrar's No. 5

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town BOURBON (Rural) Missouri, 1942
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 60 Years
years, months or days

3. (a) PRINT FULL NAME Amelia Caroline Allison

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Houston E. Allison

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 20 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>11</u>	<u>24</u>	hr. _____ min.

9. Birthplace Franklin Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name J.H. Souders

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

14. Maiden name Emily A. Hethcock

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

16. (a) Informant Houston E. Allison

(b) Address Bourbon, Missouri.

17. (a) Burial (b) Date thereof Feb. 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cap Hill Cemetery.

18. (a) Signature of funeral director Wm. L. Sullivan

(b) Address Sullivan, Missouri.

19. (a) Feb. 17-42 (b) Wm. L. Sullivan
(Date received by registrar) (Registrar's signature) 1159

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Bourbon, (Rural)
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th
year 1942 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 10 1942 to Feb. 14 1942
that I last saw her alive on Feb. 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 94a

Major findings: Of operations None

Of autopsy None

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 Wm. L. Sullivan Address Sullivan Mo Date signed 2/14/42

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

36
6
5

36
5
17
0

2013/1/28

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 Edgar W. Laffoon

Licensed Embalmer No. 2319/14

P. O. Address Sullivan, 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, above space should be left blank.