

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11637  
State File No.

FILED APR 15 1942  
Registration District No. 688

Primary Registration District No. 4412

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Frankford  
(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 Life  
years, months or days)

3. (a) PRINT FULL NAME Nathaniel Allison Jr

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

4. Sex Male 2. Color or race Negro 5. Color or race Negro  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DECEMBER 12 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
X 2 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Nathaniel Allison  
13. Birthplace Hannibal Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Elizabeth Howard  
15. Birthplace Frankford Rural Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Howard  
(b) Address Frankford, Missouri

17. (a) Burial (b) Date thereof March 3 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford, Missouri

18. (a) Signature of funeral director W. L. Jones  
(b) Address Frankford, Missouri

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Frankford  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2  
year 1942 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 28  
19 42 to March 2 19 42  
that I last saw him alive on Feb 28  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration \_\_\_\_\_

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 W. L. Jones (M. D. or other) \_\_\_\_\_  
Address Frankford, Mo Date signed 3/2/42

1169 (Licensed Embalmer's Statement on Reverse Side)

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

1942 - 12 - 2  
1941 - 12 - 12  
2 - 30

RECEIVED

District Health Officer No. 10

District File Number 4-1342-857937

Date Filed \_\_\_\_\_

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.....

not embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Jane Fellers Megaw

Licensed Embalmer No.....

4093

P. O. Address.....

Frankford, 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.