

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24092

FILED AUG 5 1942

State File No.

Registration District No. 13

Primary Registration District No. 3014

Registrar's No. 57

1. PLACE OF DEATH:

(a) County clay
(b) City or town Liberty mo
(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 1
(Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County clay 24
(c) City or town Liberty 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. no
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Sarah Rebecca Allison

20. DATE OF DEATH: Month July day 21
year 1942 hour 1:12 minute P. M.

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

21. I hereby certify that I attended the deceased from 7/1 to July 21, 1942
that I last saw her alive on July 21, 1942
and that death occurred on the date and hour stated above.

4. Sex 7 1 5. Color or race W 6. (a) Single, widowed, married, divorced unwed
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 18 4/4 years
7. Birth date of deceased Jan 12 1864
(Month) (Day) (Year)

Immediate cause of death Coronary Embolism Duration 15 min.

8. AGE: Years 78 Months 6 Days 9
If less than one day hr. min.

Due to General Anesthesia 10:30 p.m.

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

Due to 942
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation House wife

Major findings: Of operations 942 Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name Wm. Jesse Clevenger
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Phoebe Goude
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Norma Haynes
(b) Address R.C. no.

17. (a) Burial (b) Date thereof 7/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview cemetery

18. (a) Signature of funeral director Jesse Hill Funeral Home
(b) Address Liberty Missouri

19. (a) July 21 1942 (b) Helen Early
(Date received local registrar) (Registrar's signature)

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?

(Specify type of place) While at work? (e) Means of injury
23. Signature Rayton Malley (M. D. or other) M.D.
Address Liberty Mo. Date signed 21-7-42

926 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-4-42

AUG 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

myself

Registered Apprentice No.

working under my personal supervision.

Signed

Victor E. J. J. J.

Licensed Embalmer No.

2896

P. O. Address

Liberty 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.