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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34500

State File No.

FILED NOV 5 1942
Registration District No.

Primary Registration District No. 3052

Registrar's No. 348

1. PLACE OF DEATH

(a) County Pettis
(b) City or town Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community, years, months or days)

3. (a) PRINT FULL NAME Fred Steele Allison

3. (b) If veteran, name war none 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 Mollie Gay Allison 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Aug 11 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Jonathan H. Allison
13. Birthplace Cooper County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Laura Kelly
15. Birthplace Longwood, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mollie Allison
(b) Address Longwood, Mo.

17. (a) Buried (b) Date thereof Oct 20, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longwood Cemetery

18. (a) Signature of funeral director James Ewing Sedalia, Mo.

(b) Address

19. (a) Oct 20, 1942 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Longwood, Mo.
(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

Oct. 18th, 1942.

20. DATE OF DEATH: Month day year hour 8.40 A. minute M.

21. I hereby certify that I attended the deceased from Oct. 11th to Oct. 18th 1942
that I last saw him alive on Oct. 18th, 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis.

Due to

Due to

Other conditions Hypertrophy of the Prostate
(Include pregnancy within 3 months of death)

Major findings: Only Supra-pubic Drainage.
Of operations None.
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.
(b) Date of occurrence None.
(c) Where did injury occur? None.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None.

While at work? (Specify type of place) (c) Means of injury

23. Signature Jno. B. Carline M.D. (M.D. or other)

Address Sedalia Mo. Date signed 10-19-42

(Licensed Embalmer's Statement on Reverse Side)

1022

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-4-42

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

James E. Richards

Licensed Embalmer No. 2466

P. O. Address Upton Mass

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.