

State File No. ....

**FILED MAR 11 1943**

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Callaway  
 (b) City or town London  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hosp. 220.6.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 1/2 10 24  
 (Specify whether years, months or days)

In this community.....  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Lafayette  
 (c) City or town Odessa 14  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1  
 (If rural, give location) 2  
 (e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th  
 year 1943 hour 11 minute 0 a.m.

21. I hereby certify that I attended the deceased from 11-20, 1942 to 2-17, 1943

that I last saw her alive on 2-17, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

chronic myocarditis  
cerebral arteriosclerosis

Due to.....

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Susie M. Allison

3. (b) If veteran, name war WC 3. (c) Social Security No. 022

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J.P. Allison 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May 14th 1875  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Lafayette Co - MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Ruth Thompson?

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

14. Maiden name Thompson  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant record

(b) Address.....

17. (a) Removal (b) Date thereof Feb. 17, 43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, MO

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 700 Cent St. Fulton, MO

19. (a) Feb 17 1943 (b) Josie M. ...  
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

14  
1  
2

173

MAR 24 19

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**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.....

*Glen Y. Maupe*

Licensed Embalmer No. *2725*

P. O. Address. *Fulton, 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.**