

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13558

State File No. ....

Registrar's No. ....

FILED APR 30 1943

Registration District No. ....

Primary Registration District No. 50414-24

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

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Cassville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether)  
In this community All of life years, months or days

3. (a) PRINT FULL NAME Janice L. Allison

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

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

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased March 16 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 11 14 ----- hr. ----- min.

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

10. Usual occupation none

11. Industry or business none

12. Name Delbert Allison

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

14. Maiden name Beatrice Nickle

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

16. (a) Informant Delbert Allison

(b) Address Cassville, Mo. Route Two

17. (a) Burial (b) Date thereof Mar. 4 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparks Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) April 3 - 1943 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Cassville, Route Two  
(If outside city or town limits, write "RURAL")  
(d) Street No. ----- (If rural, give location)  
(e) Citizen of foreign country? Yes or No  
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1 year 1943 hour 3. minute P. M.

21. I hereby certify that I attended the deceased from birth May 11 1942 to Mar. 1 1943, that I last saw him alive on Mar. 1 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Microcephaly Duration Life

Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death) 1572

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 E. E. McDaniel (M. D. or Chiropractor)  
Address Cassville, Mo. Date signed 3/18/43

RECEIVED

District Health Officer No. 6,

District File Number 4443-4194

Date Filed APR 29 1943

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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

*W. Gordon Bennett*

Licensed Embalmer No. 4213

P. O. Address Cassville, 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.**