

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17363**

FILED JUN 14 1943
Registration District No. **5130**

Primary Registration District No. **5130**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **BUCHANAN**
(b) City or town **RUSHVILLE RURAL**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **R.F.D.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **ALL HIS LIFE**
years, months or days)

3. (a) PRINT FULLNAME **WILLIAM F. 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 **RHODILLA SEEVERS ALLISON** 6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **JULY 29, 1856**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
86	10	8		hr. _____ min.

9. Birthplace **RUSHVILLE** **MO. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMING**

11. Industry or business **farm**

MOTHER FATHER { 12. Name **JOHN J. ALLISON**
13. Birthplace **UNKNOWN** **UNKNOWN**
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN TRAPP**
15. Birthplace **UNKNOWN** **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Allison**
(b) Address **ATCHISON, KANSAS**

17. (a) **BURIAL** (b) Date thereof **MAY 24 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SUGAR CREEK CEMETERY**

18. (a) Signature of funeral director **Wm. B. Stanton**

(b) Address **ATCHISON, KANSAS**

19. (a) **5/28/43** (b) **Agnes E. Stanton**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **BUCHANAN** **11**
(c) City or town **RUSHVILLE RURAL** **1**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **R.F.D.** (If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22**
year **1943** hour **5** minute **P.M.**

21. I hereby certify that I attended the deceased from **April 1**
_____, 1943, to **May 22**, 1943
that I last saw him alive on **May 16**, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death **Myocarditis** Duration _____

Due to **Agar**

Due to **93e1**

Other conditions **93e1**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **A. Sharp** (M. D. or other) **24/**
Address **Rushville Mo.** Date signed **5/24/43**

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

1227

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. ~~4017~~ 3778

P. O. Address ATCHISON, KANSAS

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.