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5-17-39
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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

24666

State File No.

FILED AUG 13 1943

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Edwards Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Adult Convalescent Club
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mos. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Henry Allison

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race W.
6. (a) Single, widowed, married, divorced unmarried
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Aug 30 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name William S Allison
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Allison
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant D. Clinton Allison
(b) Address Rockville, Mo.

17. (a) Burial (b) Date thereof 7-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Zion

18. (a) Signature of funeral director Oscar Bluff
(b) Address Appleton City, Mo.

19. (a) 7-20-43 (b) L. J. Dismore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair
(c) City or town Appleton City, 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 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1943 hour 5 minute PM M.

21. I hereby certify that I attended the deceased from July 10 1943 to July 19 1943
that I last saw him alive on July 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 95A

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

Signature L. J. Dismore (M. D. or other)
Address Edwards Spg. Mo. Date signed July 21 1943

1046

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-43-842
Date Filed 8-17-43

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 Osman Elloph
Licensed Embalmer No. 3942
P. O. Address apptn city m

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HAND WRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.