

ED NOV 6 1943

State File No.

Registrar's No.

Registration District No. 41

Primary Registration District No. 5130

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town RUSHVILLE *Rushville*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. NO. 1
(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 82 YEARS
years, months or days)

3. (a) PRINT FULL NAME RHODILLA ALLISON

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married. 2 divorced WIDOWED
6. (b) Name of husband or wife WILLIAM F. ALLISON 6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV. 7-1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 27 hr. min.

9. Birthplace RUSHVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name WILLIAM SEEVER
13. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name ADELINE CALLAHAN
15. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. David Clark
(b) Address RUSHVILLE, MISSOURI

17. (a) BURIAL (b) Date thereof 10-3-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUGAR CREEK-RUSHVILLE

18. (a) Signature of funeral director Wm. S. Barton

(b) Address ATCHISON, KANSAS

19. (a) 10/3/43 (b) Opal E. Dwyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN
(c) City or town RUSHVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. NO. 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 30
year 1943 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 1943 to May 1943
that I last saw her alive on Apr 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 1 month
Arterial Sclerosis

Due to Arterial Sclerosis
Due to 830
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830
Of autopsy 830
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? MO.

While at work? --- (Specify type of place) (e) Means of injury
23. Signature E. B. McGadow (M. D. or other)
Address 830 Kalb MO Date signed Oct 4 1943

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..... *Wm. Stanton, Jr.*

Licensed Embalmer No..... *2778*

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.