

NOV 6 1943
Registration District No. **132**

Primary Registration District No. **3021**

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

1. PLACE OF DEATH:

(a) County **Grundy**

(b) City or town **RENTON**

(c) Name of hospital or institution: **Wright Memorial Hosp**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 days** (Specify whether **to date of life**)

In this community **to date of life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Grundy**

(c) City or town **Brimson**
(If outside city or town limits, write "RURAL")

(d) Street No. **none** (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country **—**

3. (a) PRINT FULL NAME **Paula Rae Allison**

(b) If veteran, name war **—**

(c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3rd** year **1943** hour **7:00** minute **—** M.

21. I hereby certify that I attended the deceased from **Sept. 25th** 1943 to **Oct 3rd** 1943 that I last saw him alive on **Oct 3rd** 1943 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Divorced**

6. (c) Age of husband or wife if alive **4** years (Day) (Year)

7. Birth date of deceased **April 4, 1941**
(Month) (Day) (Year)

Immediate cause of death **Streptococci of throat**

Duration **3 weeks**

8. AGE: Years **2** Months **5** Days **29** If less than one day hr. min.

Due to **Streptococci from**

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

Due to **—**

10. Usual occupation **Infant**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations **1156**

12. Name **Calista Allison**

Of autopsy **—**

13. Birthplace **Grundy County** (City, town, or county) **Missouri** (State or foreign country)

22. If death was due to external causes, fill in the following:

14. Maiden name **Eileen Coft**

(a) Accident, suicide, or homicide (specify)

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

(b) Date of occurrence

16. (a) Informant **Chilton Allison**

(c) Where did injury occur? (City or town) (County) (State)

(b) Address **Brimson, MO**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) **burial** (b) Date thereof **10-4-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(e) Means of injury

(c) Place: burial or cremation **Springfield, MO**

23. Signature **Oliver R. Roberts** (M. D. or other)

18. (a) Signature of funeral director **Robert Allison**

Address **Renton, Mo** Date **Oct 3rd 1943**

(b) Address **Renton, Mo**

19. (a) **10-4-43** (b) **L. J. Roberts**
(Date received local registrar) (Registrar's signature)

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.....
Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Raymond A. Dennis
Licensed Embalmer No. *3424*

P. O. Address.....

Drexler, 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.