U. S. No. 2
(OOM—2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21318

FILED JUL 13 1944

Registration District No. 1102 Primary Registration District No. 4108 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Stockton, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXX (Specify whether years, months or days)
In this community XXXX

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CEDAR

(c) City or town STOCKTON, MISSOURI
(If outside city or town limits, write "RURAL")

(d) Street No. XXX
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME John Wright Allison

3. (b) If veteran, name war XX

3. (c) Social Security No. XXX

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Kate Allison

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov. (Month) 16, (Day) 1880 (Year)

8. AGE: Years 63 Months 6 Days 22 If less than one day XX hr XXX X min.

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

10. Usual occupation Retired Rural Carrier

11. Industry or business XXX

MOTHER FATHER

12. Name John Navis Allison

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

14. Maiden name Sarah Smith

15. Birthplace Johnson Co., Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Kate Allison

(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Cemetary

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address STOCKTON, MISSOURI.

19. (a) 7-1-44 (Date received local registrar) (b) Mrs Ethel E Church (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8, year 1944 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from June 4, 1944, to June 8, 1944, that I last saw him alive on June 7, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart Block	1 month
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. L. Lepere (M. D. or other) D.O.

Address Stockton, Mo. Date signed 6-12-44

1278

(Licensed Embalmer's Statement on Reverse Side)

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

DCT 2 1944

RECEIVED
District Health Officer No. 7
District File Number 4-44-807
Date Filed 7-10-44

SEP 18 1944

SEP 18 1944

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 Melvin Quinn

Licensed Embalmer No. 3272

P. O. Address Stockton

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.