No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1945

Registration District No. 136

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 9876

Registrar's No. 139

19
2
5

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 902 Bond
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ~~Allen L. Allison~~ Allen Leverett Allison

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mary Elizabeth Allison

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

7. Birth date of deceased February 23, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	0	23	hr. min.

9. Birthplace Cedarvale (City, town, or county) Kansas (State or foreign country)

10. Usual occupation retired railroad engineer

11. Industry or business

12. Name Leverett J. Allison

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Sarah Wygle

15. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER FATHER

16. (a) Informant Mrs. Elizabeth Allison

(b) Address Monett, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/23/45 (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 3-20-45 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1945 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from 18 Mar, 1945, to Mar 18, 1945
that I last saw him alive on Mar 18, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Hemorrhage	2 Day
Due to Duodenal Ulcer	7 yrs.
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 Ernest Mitchell (M. D. or other) MD

Address Joplin Mo. Date signed 3-20-45

1204

(Licensed Embalmer's Statement on Reverse Side)

45-3-240

JUN 26 1945

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jasper }

State File No.
Local Registrar's No. 156

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14 day of April, 1945, before me appears Mrs Mary E. Allison, who, upon her oath, states that the original record of ~~birth~~ death for Allen L Allison died ~~born~~ March 18, 1945, in the State of Missouri, and which was filed at Joplin, Mo on 3-20, 1945, should be corrected as follows:

Item No. 1 should read ALLEN LEVERETT ALLISON
Instead of ALLEN Allen L. Allison

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Mary E. Allison Wife
Relationship.

712 Sergeant, Joplin, Mo
Present Address.

Subscribed and sworn to before me this 14 day of April, 1945.

My Commission expires February 26 1946

Gertrude Sudholtz Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
0M—8-43
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JUN 26 1945

JUL 25 1945

9876