S. No. 2
M—8-43
. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 22 1945

Registration District No. 173

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10039

Primary Registration District No. 3036

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: 520 North Elliott
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Aurora Mo 53
(If outside city or town limits, write "RURAL")

(d) Street No. 520 North Elliott 1
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary A Allison

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

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

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

7. Birth date of deceased Jan (Month) 8 (Day) 1857 (Year)

8. AGE: Years 88 | Months 1 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Pike County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Eliza Bashair 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown 9
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ernest McClain
(b) Address 520 N Elliott

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/45 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Oscar L Marsh
(b) Address 229 W Church Aurora

19. (a) 2-24-45 (Date received local registrar) (b) Eunice Greene by (Registrar's signature) A Mrs

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 23, 1945 to Feb 23, 1945
that I last saw her alive on Feb. 23, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Generalized Arteriosclerosis — years

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 Kenneth L. Kelsey (M. D. or other) M.D.
Address Aurora Mo Date signed 2/24/45

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 345-348
Date Filed MAR 21 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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Oscar L. Marsh

Licensed Embalmer No. 38/2

P. O. Address Aurora 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.