S. No. 2
M—8-43
. 5-17-39
p I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1945

State File No. 27454

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 71

1. PLACE OF DEATH:
(a) County Harrison Co.
(b) City or town Bethany (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Reed Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Harrison
(c) City or town Gilman Rural (If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. 2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JUDSON, DAVID, ALLISON
3. (b) If veteran, name war World War I
3. (c) Social Security No. 495-09-6736
4. Sex MALE
5. Color or race
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dena Mae Allison
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased December (Month) 4 (Day) 1896 (Year)
8. AGE: Years 48 Months 8 Days 12 If less than one day hr. min.
9. Birthplace Mercer Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Rail Road Employe
11. Industry or business Rail Road
FATHER
12. Name Charles Allison
13. Birthplace — (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Rachel Cox
15. Birthplace Mercer Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Dena Mae Allison
(b) Address Gilman City - Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Edinburg Mo.
18. (a) Signature of funeral director [illegible]
(b) Address Bethany Mo.
19. (a) Aug. 18-1945 (Date received local registrar) (b) John M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day Thursday 16 year 1945 hour 2 minute P.M.
21. I hereby certify that I attended the deceased from Aug 13, 1945 to Aug 16, 1945 that I last saw him alive on Aug 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis
Due to Dilitation - Cardiac
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 D. F. Reed (M. D. or other) D.O.
Address Date signed

303 (Licensed Embalmer's Statement on Reverse Side) Dr Reed (Bethany)

SEP 25 1945

SEP 12 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 S. W. Haas

Licensed Embalmer No. 1078

P. O. Address Bethany 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.