

FILED FEB 11 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McKernan Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)
In this community 2 months

3. (a) PRINT

FULL NAME Mary Elizabeth Allred

3. (b) If veteran,

name war no

3. (c) Social Security

No. none

4. Sex F

5. Color or race W

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

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

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

7. Birth date of deceased Feb. 24, 1854

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

91

11

4

hr.

min.

9. Birthplace - unknown

(City, town, or county)

Virginia

(State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Clark Rankin

13. Birthplace unknown

(City, town, or county)

Virginia

(State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs. Elmer Mathews

(b) Address 2007 No. 3rd St. Joseph, Mo.

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 1-28-46

(Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director Black Mountain

(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) Feb. 1, 1946

(Date received local registrar)

(b) Ed. Neathel

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan
(c) City or town Wathena
(If outside city or town limits, write "RURAL")
(d) Street No. -
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 38
year 1946 hour 10 minute am M.

21. I hereby certify that I attended the deceased from Jan. 10th to Jan. 28th
that I last saw her alive on Jan. 27th
and that death occurred on the date and hour stated above.

Immediate cause of death

Atherosclerosis 10 yrs

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?

While at work (Specify type of place)
(e) Means of injury
23. Signature John H. Swails (M. D. owner)
Address Wathena Kan Date signed Jan 30 1946

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.....

Al. Dodds

Licensed Embalmer No. 3023

P. O. Address Wathens, Ks

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.