

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12983

FILED MAY 13 1946

Registration District No. 723

Primary Registration District No. 4232

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Willow Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Several Years (Specify whether years, months or days)
In this community Several Years

3. (a) PRINT

FULL NAME Nannie Sibyl ALLISON

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased Jan. 30, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 2 23 hr. min.

9. Birthplace Owen County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Joseph Shaw
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Wright
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. R. Lovan

(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 4/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Spgs. Cemetery

18. (a) Signature of funeral director Burns Funeral Home

(b) Address Willow Springs, Mo.

19. (a) 4-30-46 (b) J. M. C. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Willow Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1946 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from 1-15 to 4-23, 1946
that I last saw her alive on 3-1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min.
Arteriosclerosis 20 yrs
Chronic Myocarditis 10 yrs

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 C. F. Callahan (M. D. or other)
Address Willow Springs Date signed 4/24/46

RECEIVED

District Health Officer No. 8,
District File Number 546331
Date Filed 5.10.46

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.....

Thomas R. Burns
Thomas R. Burns,

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.