U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26751

FILED AUG 21 1946

Registration District No. _____ Primary Registration District No. 3019 Registrar's No. 155

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1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community since 1892

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town 207 North Everett 2
(If outside city or town limits, write "RURAL")
(d) Street No. Kennett, Mo. 2
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marcy L. Price
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife R. O. Price
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased 2 (Month) - 26 (Day) - 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
86	5	12	____ hr. ____ min.

9. Birthplace Obion (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation housewife
11. Industry or business home
FATHER
12. Name William B. Allisson
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Isabell Taylor
15. Birthplace Obion County (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Mrs. Hugh M. Chapman
(b) Address Kennett, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge
18. (a) Signature of funeral director Earl Salmon
(b) Address Kennett, Mo.
19. (a) 8-10-1946 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8 year 1946 hour 6:20 minute P. M.
21. I hereby certify that I attended the deceased from July 27, 1946, to Aug. 8, 1946 that I last saw her alive on Aug. 28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy — — Duration 13 days
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) no
(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 0
23. Signature Paul Goldwin (M. D. or other) MD
Address Kennett Mo Date signed 8-10-46

(Licensed Embalmer's Statement on Reverse Side)

90

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

RECEIVED
District Health Office No. 2,
District File Number 846-987
Date Filed 2-15-46

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 Helen D. Lemonds, Registered Apprentice No. 415, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2556

P. O. Address [illegible]

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.