

**FILED JAN 14 1947**

Registration District No. \_\_\_\_\_

Primary Registration District No. **5414**

Registrar's No. **80**

**1. PLACE OF DEATH:**

(a) County Douglas

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Douglas **34**

(c) City or town Ava. Rural **0**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. Route 1,  
(If rural, give location) **0**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Blanche E. Allinson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife A. C. Allinson

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

7. Birth date of deceased October 17, 1874  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
72	1	25	hr. _____ min. _____

9. Birthplace Dexter, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER** { 12. Name George W. Hamilton /

13. Birthplace Mich.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Schwarthout

15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lucile G. Bray

(b) Address Rt. 1, Ava, Mo.

17. (a) Burial (b) Date thereof 12-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodhope

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

(b) Address Ava, Missouri

19. (a) 12-31-46 (b) Weslat Bushman  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 12,  
year 1946 hour 11 minute 45 A. M.

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

Immediate cause of death Uremia

Due to Chronic nephritis

Due to \_\_\_\_\_

Other conditions 131B  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 1)

23. Signature R. M. Morrison (M. D. or other) MD  
Address Ava Mo. Date signed 12/28/46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

38915

RECEIVED

District Health Officer No. 6,

District File Number 147-92

Date Filed JAN 13 1947

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 W.B. Hutcherson

Licensed Embalmer No. 3431

P. O. Address Oron MD

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.