. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Elrod
Registration District No. FILED FEB 15 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 464

Primary Registration District No. 3010

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether years, months or days)
In this community 11 Days

2. USUAL RESIDENCE OF DECEASED: 105

(a) State Missouri (b) County Scott 2

(c) City or town Sikeston
(If outside city or town limits, write "RURAL")

(d) Street No. 712 E. Kathleen 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Paula Kaye Alliston

3. (b) If veteran, name war —

3. (c) Social Security No. —

Sex Female 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 1 (Month) 9 (Day) 1947 (Year)

8. AGE: Years | Months | Days 11 | If less than one day hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name T. P. Alliston
13. Birthplace Florence (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Nadine Owings
15. Birthplace Caruthersville (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Virgil W. Owings
(b) Address Morehouse, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/47 (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston, Mo.

19. (a) 2-5-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20
year 1947 hour 8 minute p M.

21. I hereby certify that I attended the deceased from 1/19, 1947 to 1/20, 1947
that I last saw her alive on 1/20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature New born	
Due to	
Due to	
Other conditions Colitis (Include pregnancy within 3 months of death)	3 day

Major findings:
Of operations 59

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 0

23. Signature D. B. Elrod (M. D. or other)
Address Cape Girardeau Mo. Date signed 1-24-47

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

44

(Licensed Embalmer's Statement on Reverse Side)

...alth Officer No. 4

... File Number 247-204

Date Filed 2-10-47

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Alkeston 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.