

FILED MAR 26 1947

Registration District No. 24

Primary Registration District No. 3072

Registrar's No. 4.3

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)
In this community All her life

3. (a) PRINT FULL NAME Cora Cott Allen

3. (b) If veteran, name war -
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife W.C. Allen 6. (c) Age of husband or wife if alive years 12th.
7. Birth date of deceased January 12th. 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 I IO hr. min.

9. Birthplace Saline County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business

MOTHER FATHER { 12. Name Joseph Cott
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jahetta Brown
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lawson
(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Feb. 25, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell-Russ
(b) Address Marshall, Mo.

19. (a) Feb 26-1947 (b) Richard J. Bray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Clay Township
(If outside city or town limits, write "RURAL") 8
(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 Feb. day 22 year 1947 hour 9 minute 17 M.

21. I hereby certify that I attended the deceased from Feb 12 1947 to Feb 22 1947
that I last saw her alive on 2/22 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis 34y.
Duration

Due to

Due to

Other condition Acute Nephritis 34y.
(Include pregnancy within 3 months of death)

Major findings: Of operations 93D

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 Richard J. Bray (M. D. or other)
Address Marshall, Mo. Date signed Feb 24/47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-26-47

AUG 4 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 _____

Licensed Embalmer No. 3469

P. O. Address Marshall 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.