

1. PLACE OF DEATH:

(a) County Cedar

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY EVELINE ALLRED

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXXXXX

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 26, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>10</u>	<u>14</u>	hr. <u>XXX</u> min.

9. Birthplace Fayetteville, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXXXXX

12. Name Henry Allred

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

14. Maiden name Julia F. Youngblood

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

16. (a) Informant Ella Allred

(b) Address Crisp, Missouri

17. (a) Liberty Cem. (b) Date thereof June 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Chuscher Neale

(b) Address Stockton, Missouri

19. (a) 7-19-47 (b) Geneva Gorman
(Date received from registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1947 hour 2:00 minute _____ PM.

21. I hereby certify that I attended the deceased from 7, 1947, to 6-9, 1947
that I last saw her alive on 6-8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia 1 week

Due to Aortic regurgitation 1 yr

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy autp

Duration

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 _____

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 [Signature] (M.D. or other) _____
Address [Address] Date signed 6-14-47

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

RECEIVED
District Health Officer No. 7
District File Number 7-47-989
Date Filed 8-19-89

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton 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.