

FILED AUG 17 1948

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West Ohio Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME Mary Susie Allison

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife John Allison 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 28 1854
(Month) (Day) (Year)

8. AGE: Years 93 Months 9 Days 6 If less than one day
hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Marvin Welker 7
13. Birthplace no record
(City, town, or county) (State or foreign country)
14. Maiden name Harriet McFee
15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John S Walker

(b) Address Butler Missouri

17. (a) Burial (b) Date thereof 8/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (c) Place: burial or cremation Oakhill cemetery

18. (a) Signature of funeral director J Underwood

(b) Address Butler Missouri

19. (a) 8-7-48 (b) Kendall Perry
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town West Ohio St 1
(If outside city or town limits, write "RURAL")
(d) Street No. Butler Missouri 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1948 hour 10 minute 30 MA

21. I hereby certify that I attended the deceased from (1933) 33 to August 3 1948;
that I last saw h.c.e. alive on August 3rd 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death metastasis of Carcinoma of uterine cervix
Due to Carcinoma of sigmoid

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) _____
(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 L. D. LaFrie (M.D. or other m.s.)
Address Butler Mo Date signed 8-5-48

RECEIVED

District Health Officer

District File Number 7-49

Date Filed 8-16-49

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 G. Schneider

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.