

FILED OCT 13 1948

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 127

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Kennett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Fresnell Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
 (c) City or town Kennett
 (If outside city or town limits, write "RURAL")
 (d) Street No. 102 N. Walnut
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Diana Lois Allison

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

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced U
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9 13 1948
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 16 If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
 year 1948 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from 9-28-48, 19____ to 9-29-48, 19____;
 that I last saw her alive on 9-29-48, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Dysentery

Due to _____

Due to _____

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Kennett Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name Billey Lee Allison
 13. Birthplace Kennett Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Betty Lois Henscheliff
 15. Birthplace Kennett Mo
 (City, town, or county) (State or foreign country)

FATHER { 16. (a) Informant Billey Lee Allison
 (b) Address 102 N. Walnut Kennett Mo

17. (a) Burial (b) Date thereof 9 30 48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Lentz Funeral Home
 (b) Address Kennett, Mo

19. (a) 10-5-1948 (b) Eul Husband
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. G. Wilson (M. D. or other) MD
 Address Kennett, Mo Date signed 10-4-48

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

RECEIVED

District Health Office No. 2,

District File Number 1048-1304

Date Filed 10-11-48

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.....

P. O. Address.....

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.