

No. 2  
-1/47  
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29578  
Registrar's No. 200

National Office of Vital Statistics  
FILED SEP 23 1948  
Registration District No. 7

Primary Registration District No. 5518

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

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Near Urich  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural Walker Trpo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Henry  
(c) City or town Urich Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Walker Trpo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Lillian Allison  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 21  
year 1948 hour 8 minute 10 A.M.  
21. I hereby certify that I attended the deceased from Sept 18  
1948 to Sept 20 1948  
that I last saw her alive on Sept 20 1948  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, 1 Married  
6. (b) Name of husband Mr. A. H. Allison  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased: Jan 19 1867  
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage  
causing Paralysis of R. Side  
Due to.....  
Due to.....

8. AGE: Years Months Days If less than one day  
81 8 2 br. min.

Other conditions (includes pregnancy within 3 months of death)  
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.....

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

10. Usual occupation Housewife  
11. Industry or business.....  
12. Name George W Bullock  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Sample  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations 830  
Of autopsy.....  
PHYSICIAN  
Underline the cause of which death should be charged statistically.

16. (a) Informant Mr. A. H. Allison  
(b) Address Urich Mo  
17. (a) Burial (b) Date thereof 9-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Urich Cemetery

18. (a) Signature of funeral director W. J. Brewer  
(b) Address Urich MO  
19. (a) 9-22-48 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Galtman (M. D. or other)  
Address Urich Mo Date signed 9-22-48

RECEIVED  
District Health Officer No. 7,  
District File Number 8-48-1125  
Date Filed 9-27-48

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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 \_\_\_\_\_ *R. R. Kermey*

Licensed Embalmer No. 3099

P. O. Address Clinton 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.