

REG'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20794

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Tran Primary Registration District No. 1097 Registered No. 2244
(c) City Transo city (d) Street No. General Hospital St.
(If death occurred in Hospital or Institution, write its name (instead of street and number))
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Effie Allison 425
(a) Residence, No. 2426 Union St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Andrew W. Allison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1873

7. AGE YEARS MONTHS DAYS 64 6 12 12
LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg

FATHER 13. NAME Henry Hufford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record
Arkansas

MOTHER 15. MAIDEN NAME Sarah Harrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record
mo

17. INFORMANT (ADDRESS) Dr W. A. Clark
12 C Gen Hosp 12 C Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Remwood Cem. DATE June 2, 1938

19. FUNERAL DIRECTOR (ADDRESS) Geo. C. Carson
Independence, Mo.

20. FILED June 2, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1938, to 5-30, 1938

I last saw her alive on 5-30, 1938. Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

old ununited fracture Date of onset

of femur and Post

operative complications 186a

Other contributory causes of importance:
resulting from same

Name of operation Whitman's resection Date of no
What test confirmed diagnosis bone Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide acc Date of injury May 27, 1937

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury acc fall

Nature of injury acc fall

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: no

(Signed) P. H. De Maria M. D.

(Address) Supr 12 C Gen Hosp 12 C Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)