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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33936

Registrar's No. 3876

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3119 Peery Ave.
(If not in hospital or institution, write street number or location)

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

In this community 32 years /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3119 Peery Avenue
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME David A. Allison

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rowena Allison

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased January (Month) 19 (Day) 1862 (Year)

8. AGE: Years 79 Months 8 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation [illegible]

11. Industry or business Real Estate

FATHER
12. Name Holbert Allison /
13. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Amanda Adams
15. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Miss Mary E. Allison
(b) Address 3119 Peery Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 10/17/41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16 year 1941 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from 5/1/41 to 10/16/41 that I last saw him alive on about 10/12/41 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure. — Duration

Due to Cerebral Hemorrhage

Due to Gas

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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? (Specify type of place)

While at work? (e) Means of injury D

23. Signature D. R. Russell (M. D. or other)

Address 3231 E. 11 St. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. D. R. Russell. Be 4763
3011 Indep. Ave.
Office hrs 3-5

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 Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address Xe e Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.