

FILED FEB 8 1943

State File No. _____

Registration District No. 171

Primary Registration District No. 4267

Registrar's No. 5

1. PLACE OF DEATH:
(a) County **Lafayette**
(b) City or town **Odessa**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **74 Yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Lafayette**
(c) City or town **Odessa**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jesse P. Allison**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Susie Allison** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **Jan. 11, 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	0	4	hr. _____ min.

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

10. Usual occupation **Retired engineer**

11. Industry or business _____

12. Name **Andrew Allison**

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Saunders**

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eva McDowell**

(b) Address **Odessa, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 17, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Odessa, Mo. Cemetery**

18. (a) Signature of funeral director **D. H. Husman**

(b) Address **Odessa, Mo.**

19. (a) **Feb-2-1943** (b) **Mrs. W. Baker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **15** day **Jan**
year **1943** hour **9** minute **0** M.

21. I hereby certify that I attended the deceased from **Nov. 1942** to **Jan 15, 1943**
that I last saw him alive on **Jan 15, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary occlusion

Due to **myocarditis, Endocarditis Ch.**

Due to **Septicemia**

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

Major findings:
Of operations **93d**

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 **W. Baker** (M. D. or other)

Address **Odessa, Mo.** Date signed **2-4-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
12
-39
32873

1157

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-5-43

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 George L. Harmon

Licensed Embalmer No. 2541

P. O. Address Odessa, 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.