. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31345

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 290

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community 23 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau 16
(c) City or town Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. Cape Girardeau RFD #1 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Karen Allison
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 18 (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 22 If less than one day hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Infant.
11. Industry or business
FATHER
12. Name Marvin Allison
13. Birthplace Pocahontas (City, town, or county) Arkansas (State or foreign country)
MOTHER
14. Maiden name Glenneth Pettigrew
15. Birthplace Pocahontas (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Marvin Allison
(b) Address Cape Girardeau RFD #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lorimier Cemt
18. (a) Signature of funeral director R. L. Hamann
(b) Address Cape Girardeau, Mo
19. (a) 9-22-43 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11th year 1943 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from 8-18-, 1943, to 9-11-, 1943; that I last saw her alive on 9-11-, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Spina bifida	23 days
Due to Congenital defect	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
23. Signature D. B. Elrod (M. D. or other)
Address Cape Girardeau, Mo. Date signed 12-43

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1043-2802

Date Filed 10-6-43

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.....

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.