

FILED FEB 23 1944

Registration District No. 390

Primary Registration District No. 3074

Registrar's No.

100
5
2

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

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution:
817 N. Kingshighway 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

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

(d) Street No. 817 N. Kingshighway
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CORA FRANCES ALLARD

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1943 hour 10:00 P.M. minute _____ P.M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Lacy E. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan 16 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 15 1943 to December 16 1943
that I last saw her alive on December 16 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 11 Days - If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Hypertension

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

Due to _____

Other conditions (Include pregnancy within 3 months of death) gza!

10. Usual occupation Housewife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____

{ 12. Name J.W. Baker sr.

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

{ 14. Maiden name Jane Green

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

16. (a) Informant Edward Allard

(b) Address Sikeston, Mo.

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? _____

17. (a) Burial (b) Date thereof 12-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery - Sikeston Mo

While at work? _____ (Specify type of place)

(e) Means of injury 2

18. (a) Signature of funeral director Welsh Funeral Home

(b) Address Sikeston Mo

23. Signature [Signature] (M. D. or other) MD

Address Sikeston, Missouri Date signed 12-30-43

19. (a) 2/16/44 (b) Laurie Largent
(Date received local registrar) (Registrar's signature)

1318

RECEIVED

District Health Office No. 2,

District File Number 244-952

Date Filed 2-21-44

MAR 6 1944

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 Raymond Crews
Licensed Embalmer No. 3467
P. O. Address Lekeston 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.