

S. No. 2
M-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41453

State File No. _____

FILED JAN-11 1946
Registration District No. 117

Primary Registration District No. 5583

Registrar's No. 246

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural (LINCOLN)

(c) Name of hospital or institution: Piercy rest Home 4

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29

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

(d) Street No. City 0 (If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Mary V. Allison

3. (b) If veteran, name war No

3. (c) Social Security No No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27

year 1945 hour 3 minute A.M. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February 16 1865 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	80	10	20	hr. _____ min.

Immediate cause of death: Cardiac Failure

Due to: Cerebral Hemorrhage

9. Birthplace Hillsboro Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

Due to _____

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

MOTHER FATHER

12. Name James Hampton

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

14. Maiden name Emily Kirkwood

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Scott Smith

(b) Address Greenfield, Mo.

17. (a) Burial (b) Date thereof 12-29-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wetzel Cemetery

18. (a) Signature of funeral director Sam E. Sensesley Jr Greenfield, Mo.

(b) Address _____

19. (a) 1-2-1946 (b) L. B. Clinton (Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____

23. Signature: L. W. Begett (M. D. or other) _____

Address: 2114 S. Joplin _____ Date signed 12/29/45

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

45-12-1003

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 Sam E. Senceray Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.