

S. No. 2  
-94-41  
5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 7 1946 STANDARD CERTIFICATE OF DEATH**

MISSOURI STATE BOARD OF HEALTH

State File No. **5117**

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **78**

35-22  
4116  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
(a) County Dunklin  
(b) City or town Kennett 202 West 6th  
(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  
In this community, 61 -5 -2  
years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo (b) County Dunklin  
(c) City or town Kennett  
(d) Street No. 202 W 6th  
(e) Citizen of foreign country? No  
If yes, name country

**3. (a) PRINT FULL NAME** Arther Allison  
(b) If veteran, name war  
(c) Social Security No. 489-28-774

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month I, day 30, year 1946, hour 8, minute 30 P.M.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife  
(c) Age of husband or wife if alive, years 27 1885  
7. Birth date of deceased. 9 27 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-1-46 to 1-30-46 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthonia  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

**8. AGE:** Years 61 Months 5 Days 2  
If less than one day hr. min.

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

10. Usual occupation Farmer

**MOTHER FATHER**  
11. Industry or business  
12. Name Joe Allison  
13. Birthplace Dunklin Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Emley C Tation  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant Sam Allison  
(b) Address Kennett Mo Gen del

17. (a) Burial (b) Date thereof 2-1-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Lentz Und Co  
(b) Address Kennett Mo

19. (a) 2-2-1946 (b) Lead Husband  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury  
23. Signature DT Tempary (M. D. or R.N.)  
Address Kennett Mo Date signed 2-2-46

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RECEIVED

District Health Office No. 2,

District File Number 346-311

Date Filed 3/6/46

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**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.**