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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

9951

FILED MAR 29 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community 13 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 215 Farris
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Betty June Allison

3. (b) If veteran, name war no 3. (c) Social Security No. 1493-26-1323

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 11 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 3 6 _____ hr. _____ min.

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

10. Usual occupation Elevator girl

11. Industry or business _____

MOTHER FATHER { 12. Name Un. Fred Allison Unknown
13. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Grace Cobey Unknown
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San, Mt. Vernon, Mo.

17. (a) Burial (b) Date thereof 2-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hickory Grove

18. (a) Signature of funeral director Quest Lile F. H.
(b) Address Richmond, Missouri

19. (a) 2-18-46 (b) DR Theilbrink
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th
year 1946 hour 10:40 minute P M.

21. I hereby certify that I attended the deceased from Feb. 5th 1946 to Feb. 17th 1946
that I last saw her alive on Feb. 17th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Massive terminal hemorrhage

Due to Bilateral bronchial pneumonia Abt
followed by lung abscess. 1 month

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

Major findings:
Of operations _____
Of autopsy 107
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury D.

23. Signature Charles A. Brasher (M. D. or other) MD
Address Mt. Vernon Date signed 2-18-46

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

RECEIVED

District Health Officer No. 6,

District File Number 346-366

Date Filed MAR 25 1946

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 Louis Forest

Licensed Embalmer No. 4096

P. O. Address Richmond, 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.