

S. No. 2  
M-5-43  
7-5-17-39  
X36871

FILED OCT 25 1947

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4364

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
Osteopathic Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community Non-Resident  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Bunceton 0  
(If outside city or town limits, write "RURAL")

(d) Street No. R #1 3  
(If rural, give location)

(e) Citizen of foreign country? No 1  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOE DEAKINS ALLISON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife Georgia Allison

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased September 30 1901  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>0</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Neal Allison

13. Birthplace Wyth County Va  
(City, town, or county) (State or foreign country)

14. Maiden name Ida M. Baughman

15. Birthplace Cooper County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgia Allison

(b) Address Bunceton, Mo.

17. (a) Removal (b) Date thereof 10-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton, Mo.

18. (a) Signature of funeral director J. Wagner

(b) Address Kansas City, Mo.

19. (a) 10-18-47 (b) Thereldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th  
year 1947 hour 5:00 minute 8:35 AM A. M.

21. I hereby certify that I attended the deceased from 10/17/47  
to 10/18/47, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on 10/18/47, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Dyspnea

Due to Chronic Myocardial Failure

Due to \_\_\_\_\_

Other conditions ↑ 32  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy as above

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)

(e) Means of injury Is

23. Signature Island E. Wetzel DD  
(M. D. or other)

Address 712 Harrison St. K.C. Mo 10/18/47

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

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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 Abrie R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.**