

Registration District No. 297

Primary Registration District No. 6022

1. PLACE OF DEATH:

(a) County Ray

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

(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 _____ (Specify whether years, months or days)

In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JENNIE ALLISON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

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

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

7. Birth date of deceased July 17 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>3</u>	<u>12</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Proffitt

13. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Remmer

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

16. (a) Informant Mrs. Vester Cox

(b) Address Elkhorn, Mo.

17. (a) Burial (b) Date thereof Nov. 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Crowley Cemetery (Raydell, Mo.)

18. (a) Signature of funeral director Thomas J. Carter

(b) Address Richmond, Mo.

19. (a) Nov. 2 1948 (b) Malcol Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29th
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 4th to Oct 29th, 1948;
that I last saw her alive on Oct 29th, 1948;
and that death occurred on the date and hour stated above

Immediate cause of death Carcinoma uterus

Due to _____

Due to _____

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

Major findings: 46B
Of operations _____

Of autopsy _____

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? _____

(e) While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Richmond Date signed 11-2-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-15-48

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 Thomas J. Carter

Licensed Embalmer No. 4474

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.