

No. 2  
1-10-39  
1739  
X21492

MAY 13 1940 **85**

Registration District No. **1001**

Registrar's No. **446**

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3107 Lafayette **2**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Mary Lavenia Allison  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife Wesley 6. (c) Age of husband or wife if alive 1847 years  
 7. Birth date of deceased August 15 1847  
(Month) (Day) (Year)

**8. AGE:** Years 92 Months 8 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

**MOTHER FATHER**  
 12. Name Benjamin J. Brown  
 13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary White  
 15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant John Harrison  
 (b) Address St. Joseph, Missouri

17. (a) removal (b) Date thereof April 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Sunny Slope Cemetery

18. (a) Signature of funeral director Halter Meisbauer  
 (b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 4/19/40 (b) H. M. Little  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3107 Lafayette Street  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ✓ years.

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 17  
 year 1940 hour 8 minute 15 p. M.

21. I hereby certify that I attended the deceased from February 28<sup>th</sup>, 1940, to April 17<sup>th</sup>, 1940  
 that I last saw her alive on March 13, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy  
 Duration since 2-28-40

Due to Arterio sclerosis general  
 Due to ✓

Other conditions g2d  
(Include pregnancy within 3 months of death)

Major findings: None  
 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? ✓  
(Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature H. M. Little (M. D. or other) ✓  
 Address Phys & Surg Bldg. Date signed 4-18-40

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

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

**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.....

*myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *W H Kelly*.....

Licensed Embalmer No. *Mo. 3946*.....

P. O. Address *St. Joseph, Missouri*.....

**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, above space should be left blank.**