

Hills AUG 5 1942

State File No. _____

Registration District No. 173

Primary Registration District No. 3014

Registrar's No. 57

1. PLACE OF DEATH:

(a) County clay
(b) City or town Liberty no
(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 _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State no (b) County clay 24
(c) City or town Liberty 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. no (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME Sarah Rebecca Allison

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex 7 / 1 5. Color or race w
6. (b) Name of husband or wife John 6. (a) Single, widowed, married, divorced widowed
7. Birth date of deceased Jan 12 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace clark missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Jesse Clevenger
13. Birthplace clark missouri
(City, town, or county) (State or foreign country)
14. Maiden name Phoebe Gaudin
15. Birthplace clark missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Norma Haynes
(b) Address K.C. Mo.

17. (a) Burial (b) Date thereof 7/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview cemetery

18. (a) Signature of funeral director Jesse Bell Funeral Home

(b) Address Liberty Missouri

19. (a) July 21 1942 (b) Aileen Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1942 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from _____ 1941, to July 21, 1942
that I last saw her alive on July 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism 15 min.
Due to General atherosclerosis 10 yrs.

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

Major findings: 94a
Of operations _____
Of autopsy _____

Duration

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 _____

23. Signature Raymond Matthey (M. D. or other) M.D.
Address Liberty Mo. Date signed 21-7-42

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-4-42

AUG 12 1942

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.

Myself

Signed

Victor E. Suminger

Licensed Embalmer No.

2896

P. O. Address

Liberty 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.