

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33652

Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 817
(b) Township Commerce Primary Registration District No. 6061
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
421 William Joseph Alsbrook

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Alsbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Budget Foreman
9. Industry or business in which work was done, as saw mill, bank, etc. Lois R.P.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Smithland
(STATE OR COUNTRY) Kentucky

FATHER 13. NAME James H. Alsbrook
14. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Bernindia Hetherington
16. BIRTHPLACE (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

17. INFORMANT Mrs Myrtle Miller
(ADDRESS) Commerce Mo.

18. BURIAL, CREMATION, OR REMOVAL Union Park Cem
PLACE Chaffee Mo DATE 10/8/39

19. FUNERAL DIRECTOR (NAME) Superhuff & Hetherington
(ADDRESS) Chaffee Mo.

20. FILED 10-16 - 1939 Mrs Addie Held
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1939 to Oct 6 1939

I last saw him alive on Oct 6 1939. Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1939

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) U. P. Staw M. D.

(Address) Benton Mo

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. ~~3242~~
working under my personal supervision.

Signed.....

Mamie Displinghoff

Licensed Embalmer No. *3242*

P. O. Address.....

Chaffee

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.