

**MAY 15 1940**  
Registration District No. 60

Primary Registration District No. 5095

1. PLACE OF DEATH:  
(a) County Benton  
(b) City or town Rural, West White Twsp.  
(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) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME Mrs. Ruth Carter Alcorn  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband Harry E. Alcorn 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased June 2 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 10 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name James S. Carter, Sr.  
13. Birthplace unknown Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Nannie Sappington  
15. Birthplace unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harry E. Alcorn  
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof Apr. 8, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner  
(b) Address Windsor, Missouri

19. (a) Apr. 15 - 1940 (b) Mrs. Amy K. Proder  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Benton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. #5  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 6th  
year 1940 hour 11:45 a minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 4 \_\_\_\_\_  
1939 to 4-6 \_\_\_\_\_, 1940  
that I last saw her alive on 12-15 \_\_\_\_\_, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral apoplexy Duration 7 days  
Due to Hypertension 9  
Due to Arteriosclerosis 2  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 22h

Major findings:  
Of operations None  
Of autopsy \_\_\_\_\_  
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?  
64 \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Ray Jordan (M. D. or other) \_\_\_\_\_  
Address Windsor, Missouri Date signed 4-13-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 7,  
District File Number. 5-18-40  
Mo - 889  
Date Filed 5-18-40

**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 Clarence H. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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, above space should be left blank.**