

No. 2
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FEB 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1849**
Registrar's No. **79**

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
2623 Mary
(d) Length of stay: In hospital or institution 38 years, months or days
In this community 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 2623 Mary
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULLNAME ROBERT WILLIAM ALFORD
3. (b) If veteran, name war None
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie B. Alford
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct. 28th. 1873

8. AGE: Years 67 Months 2 Days 18
If less than one day
hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Pleasant Alford
13. Birthplace Buffalo Mo.
14. Maiden name Unknown
15. Birthplace Buffalo Mo.

16. (a) Informant Mrs. Carrie Alford
(b) Address 2623 Mary St. Joseph, Mo.

17. (a) Burial
(b) Date thereof 1-18-41
(c) Place: burial or cremation Ashland Ave

18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address St. Joseph, Mo.

19. (a) Jan 18 1941
(b) H. F. Mundy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16th
year 1941 hour 9 minute 30 A.M.
21. I hereby certify that I viewed the deceased on
Jan 16th 1941 to
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Duration 44W

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

85
While at work? (Specify type of place)
(c) Means of injury 3
23. Signature H. F. Mundy (M. D. or other)
Address 404 So 9d Date signed 1/18/41

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

MOTHER FATHER

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 *Geo E Daniel*

Licensed Embalmer No. *3300*

P. O. Address *St Joseph M*

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.