

Registration District No. 6-2

Primary Registration District No. 58-2-2

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madison
 (b) City or town Conception, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison
 (c) City or town Conception, Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 74
 (e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME HARRY F. ALDEN

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased 3-31-1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Hafenwille, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business Drug

12. Name Edwin D. Alden

13. Birthplace Mc Connellsville, Pa
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Johnson

15. Birthplace Stony Brook, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin D. Alden
 (b) Address Conception, Mo

17. (a) 1-20-41 (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place of burial or cremation Grant City, Mo

18. (a) Signature of funeral director Walter Johnson
 (b) Address Conception, Mo

19. (a) 1-18 (b) Mrs. Edna Egan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-18 day 18
 year 1941 hour 5 minute 15 AM

21. I hereby certify that I attended the deceased from 1931
 _____, 19____, to 1-18, 1941;
 that I last saw him alive on 1-18, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio Sclerosis
Chol Myocarditis

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

Major findings:
 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?
551 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature Wm Boyles (M. D. ✓)
 Address Conception, Mo Date signed _____

Duration

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.