

FRI JUL 14 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22352

State File No.

Registration District No. 65-1

Primary Registration District No. 4388

Registrar's No. 61

1. PLACE OF DEATH:

- (a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 600 Walker Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 68 years (Specify whether years, months or days)
In this community 68 years

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 600 Walker Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME

Emily Jane Alvey

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex 3 / 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased March 3, 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 22 If less than one day hr. min.

9. Birthplace Perry County, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name George W. Alvey

13. Birthplace Perry County, Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Susan Mack

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edwin L. Seasholtz

- (b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof June 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Little Plains Cem.

18. (a) Signature of funeral director La Fayette Undert Co.

- (b) Address Caruthersville, Mo.

19. (a) June 30, 1944 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month June day 25
year 1944 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 4-1-44 to 6-26-44
that I last saw her alive on 6-22-44
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal-Vascular disease
Duration 2 yrs.

Due to 171 a

Due to 171 a

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?

585 (Specify type of place)

While at work? (e) Means of injury C

23. Signature P. J. Aguirre (M. D. or other)

Address Caruthersville, Mo. Date signed 6-27-44

7-41-10

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.....

J. S. Lehman

Licensed Embalmer No. *4086*

P. O. Address *Cynthiana, Ky*

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, fact should be so stated above.