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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22973

State File No. _____

FILED JUL 9
875

Registration District No. _____

Primary Registration District No. 6162

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada Wash
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 32
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 14 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 108
(c) City or town Seymour
(If outside city or town limits, write "RURAL")
(d) Street No. unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A.? U.S.A. 0 years.

3. (a) PRINT FULL NAME CHARLES 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 SINGLE
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive NONE years
7. Birth date of deceased MARCH 13 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace WRIGHT-CTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARM HAND

11. Industry or business NONE

MOTHER FATHER { 12. Name JOHN ALFORD
13. Birthplace BUCKHAM CTY(?) NORTH CAROLINA
(City, town, or county) (State or foreign country)
14. Maiden name NANCY CRITCHER
15. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No 3
(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof 6/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Seymour Mo

18. (a) Signature of funeral director Marshall King
(b) Address Nevada Mo

19. (a) 6-24-41 (b) Allen J King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1941 hour 7 minute 10 P M.

21. I hereby certify that I attended the deceased from June 9 1941, to June 23 1941;
that I last saw him alive on _____ 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Degenerative myocarditis
Due to _____

Due to HT
Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.

(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Paul L. Barone (M. D. or other) M.D.
Address State Hosp No 3 Date signed June

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

800

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23

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1093

Date Filed 7-7-41

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 Marsh Eichenizer
Licensed Embalmer No. 2656
P. O. Address Nevada, 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.