

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38965**
Registrar's No. **17**

DEC 18 1941
Registration District No. **617**

Primary Registration District No. **5818**

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

1. PLACE OF DEATH:
(a) County **Madawaska White Cloud**
(b) City or town **Barnard, Mo. 17**
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **About 1 Month**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Nebraska** (b) County **999**
(c) City or town **Cairo** (If outside city or town limits, write "RURAL") **25**
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **Ellen Frances Alford**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **22**
year **1941** hour **10** minute **55 P.** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Edward Thomas Nathaniel Alford**
6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased: **Nov 8 1867**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **November 17, 1941** to **November 22, 1941**
that I last saw her alive on **November 18, 1941**
and that death occurred on the date and hour stated above.

8. AGE: Years **74** Months **0** Days **14** If less than one day
hr. min.

Immediate cause of death: **Caeremonia of uterus** **2 yrs.**
Duration

9. Birthplace **Peru Nebraska**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **498**

10. Usual occupation **Housewife**

PHYSICIAN
Major findings: **not male**
Of operations
Of autopsy **not had**
Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name **John Henry Flick Scott**

13. Birthplace **New Jersey**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jane**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Stacy Alford**
(b) Address **Barnard Mo**

17. (a) **Barnard** (b) Date thereof **11-25-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Pleasant Cairo**

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?
(Specify type of place)

18. (a) Signature of funeral director **Campbell Funeral Home**
(b) Address **957 South Main Maryville Mo**
19. (a) **11-24-41** (b) **Chas. D. Humbert**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)
(s) Means of injury
23. Signature **Chas. D. Humbert** (M. D. or other) **M.D.**
Address **Barnard, Mo.** Date signed **11/24/41**

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.....

William Campbell

Licensed Embalmer No.....

2620

P. O. Address.....

Marville Me

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.