

10422

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

State File No.

FILED APR 20 1942

Registration District No. 25

Primary Registration District No. 3009

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Cape
 (b) City or town Cape Girardeau, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days.
 (Specify whether
 In this community, 1 week
 years, months or days)

3. (a) PRINT
FULL NAMEAgnes Mary Alberson

3. (b) If veteran,

name war

II

3. (c) Social Security

No.

II

4. Sex

Female

5. Color or

race

White

6. (a) Single, widowed, married,

divorced

Married

6. (b) Name of husband or wife

Harry Alberson

6. (c) Age of husband or wife if

alive

52

years

7. Birth date of deceased

Nov. 281910

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

31310

hr.

min.

9. Birthplace

DutchtownMissouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housework

11. Industry or business

Housewife

MOTHER FATHER

12. Name

J. C. Heatley

13. Birthplace

Dutchtown Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name

Nora Rhodes

15. Birthplace

Whitewater Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Harry A Alberson

(b) Address

Poplar Bluff Mo. R. F. D. #417. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

3-11-42

(Month) (Day) (Year)

(c) Place: burial or cremation

Chaffee Mo.

18. (a) Signature of funeral director

W. O. Denny

(b) Address

Chaffee Missouri

19. (a)

3-16-42

(b)

F. W. Phelps

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
 (c) City or town Poplar Bluff Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. R. F. D. #4
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
 year 1942 hour 10 minute a M.

21. I hereby certify that I attended the deceased from Mar
2, 1942, to Mar 8, 1942
 that I last saw him alive on Mar 8th, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Hepatitis
Toxemia of Pregnancy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

4 wks7 mos

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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?

While at work?

(Specify type of place)

(e) Means of injury

28. Signature W. O. Denny (M. D. or other)Address Poplar Bluff Chaffee Mo. Date signed 3/11/42

RECORDED
District Health Officer No. 4
District File Number 442-494
Date Filed 4-15-42

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 with the above constitutes grounds for revocation of license.)

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