

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11734

State File No. _____

Registrar's No. 50

FILED APR 17 1942

Registration District No. 135

Primary Registration District No. 3134

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly, C.T.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
837 Concanan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 years
years, months or days)

3. (a) PRINT FULL NAME Emma Lee Alverson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-16-5382

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 0 divorced Single

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

7. Birth date of deceased Dec 13th 1915
(Month) (Day) (Year)

8. AGE: Years _____ Months 26 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Huntsville-rural 0 mo
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Iverson B. Alverson
13. Birthplace Huntsville-rural 0 mo
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Graves
15. Birthplace 0 mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Alverson
(b) Address Moberly

17. (a) Burial (b) Date thereof Feb 9th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahon and Son
(b) Address Moberly Mo

19. (a) Mar 9-1942 (b) Emma Alverson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 837 Concanan
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1942 hour 2 minute 20

21. I hereby certify that I attended the deceased from Mar 6th
to Mar 7th 1942
that I last saw him alive on Mar 7th
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull
malicious

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

23. Signature Mahon and Son (M. D. or other)
Address Moberly Mo Date signed Mar 9-1942

RECEIVED

District Health Officer No. 10

District File Number 4-10-814

Date Filed APR 15 1942

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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, fact should be so stated above.