

Registration District No. 417394

Primary Registration District No. 4550

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Purcell Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Purcell Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 Years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Purcell
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nora Belle Alumbaugh

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased Dec. 30 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>3</u>	<u>11</u>	hr. _____ min.

9. Birthplace Avilla Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER { 12. Name Rubin Sheldon

{ 13. Birthplace New York City New York
(City, town, or county) (State or foreign country)

{ 14. Maiden name Margaret Bastin

{ 15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wohn Alumbaugh
(b) Address Purcell Mo.

17. (a) Burial (b) Date thereof April 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage Mo.

19. (a) Apr. 14 1942 (b) Mrs. Lillie Eagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
year 1942 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 11 1942 to April 11 1942
that I last saw her alive on April 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g 30

Major findings: Of operations _____

Of autopsy _____

Duration _____

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 W. G. Hogan (M. D. or other) M.P.
Address Neesh City, Mo. Date signed 4/11/42

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

49
0
0

42-4-355

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 John D. Batchelder
Licensed Embalmer No. 4153
P. O. Address Carthage 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.