S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1942

Registration District No. 8942 9

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15791

Primary Registration District No. 6123

Registrar's No. 10

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

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Buchanan Twp - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: //
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)
In this community 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan 105
(c) City or town Rural 5
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 5
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME John Dean Alger
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male
5. Color or race white
6. (a) ~~Single, widowed~~, married, ~~divorced~~ /
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased 9 (Month) 27 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
36	7	3	hr. min.

9. Birthplace Ark. ~~Ark. Mo.~~ (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business own Farm
12. FATHER Name John Alger
13. Birthplace Adair Co. Mo. (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Mary Alexander
15. Birthplace W. Va. Mo. ~~Unk~~ (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lyla Carr
(b) Address Kirksville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Green City Cem.
18. (a) Signature of funeral director Glenn E. Kent & Sons
(b) Address Green City Mo
19. (a) 5-5-42 (Date received local registrar) (b) Thos M. Head (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1942 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from ✓, 19..., to ✓, 19...;
that I last saw h... alive on ✓, 19...;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Electrical shock due to ball of lightning
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 192 97
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) accident 105
(b) Date of occurrence April 30 1942
(c) Where did injury occur? Green City (City or town) Sullivan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm
While at work? yes (Specify type of place) (e) Means of injury lightning struck
23. Signature Chas L. Todd (M. D. or other) D.O.
Address Pollock Mo 2 Date signed 4/30/42

1215 (Licensed Embalmer's Statement on Reverse Side) Coroner of Sullivan Co.

RECEIVED

District Health Officer No. 10

District File Number 5-[redacted]925

Date Filed [redacted]

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, fact should be so stated above.