

FILED JUN 16 1942/244  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5338

Registrar's No. 26

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

30  
0  
0

1. PLACE OF DEATH:

(a) County Dallas

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DALLAS

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

(d) Street No. PL 22 Mo. 0  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Franklin ALford

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month 5 day 3  
year 1942 hour 0 minute 30 P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mary Elizabeth 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 11 - 34 - 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 15, 1941, to May 3, 1942  
that I last saw him alive on May 02, 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>5</u>	<u>9</u>	_____ hr. _____ min.

Immediate cause of death Robert Pneumonia 2 wks

Due to Influenza and 5 wks

Due to Senility

Other conditions myocarditis

9. Birthplace Buffalo Mo 0  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name R. D. ALford

{ 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

{ 14. Maiden name \_\_\_\_\_

{ 15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin ALford

22. If death was due to external causes, fill in the following:

(b) Address PL 22 Mo

(a) Accident, suicide, or homicide (specify) 1

17. (a) BURIAL (b) Date thereof 5-5-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial or cremation HIRKS CHAPEL

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

18. (a) Signature of funeral director L. B. Jones

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(b) Address Buffalo Mo

While at work \_\_\_\_\_ (Specify type of place)

19. (a) 5/5/1942 (b) Delia Davis  
(Date received local registrar) (Registrar's signature)

23. Signature Robert ALford (M. D. or other) M.D.  
Address Buffalo Mo Date signed 5-14-42

RECEIVED

District Health Officer No. 7,

District File Number 6-42-670

Date Filed 6-15-42

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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 Clyde Montgomery  
Licensed Embalmer No. 3592  
P. O. Address Buffalo 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.**