

5. No. 2
-1-4-41
5-17-39
-I X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18455
State File No.

FILED JUN 13 1942

Registration District No. 347

Primary Registration District No. 3029

Registrar's No. 123

1. PLACE OF DEATH:

(a) County MARION
(b) City or town HANNIBAL I.T.
(c) Name of hospital or institution: ST ELIZABETH 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 DAYS
In this community LIFE IN MO.
years, months or days LAST 4 YRS IN HANNIBAL MO

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MARION 64
(c) City or town HANNIBAL
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL - HIGHWAY 26 NORTH
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME BINORA JOHNSON ALFORD

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

4. Sex FEMALE 3 race BLACK 5. Color or race
6. (a) Single, widowed, married, divorced 2 divorced WIDOWED

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased MAY 25 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 5
If less than one day hr. min.

9. Birthplace FRANKFORD Mo 11
(City, town, or county) (State or foreign country)

10. Usual occupation N.A.D.

11. Industry or business

12. Name JAMES JOHNSON

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

14. Maiden name LAURA ROBINSON

15. Birthplace MISSOURI 0
(City, town, or county) (State or foreign country)

16. (a) Informant Gussie Bullock

(b) Address 1018 Rock St.

17. (a) Burial (b) Date thereof MAY 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRANKFORD Mo.

18. (a) Signature of funeral director Jessie S. ...

(b) Address Frankford Mo.

19. (a) 5-1-42 (b) Robert Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1942 hour 7 AM minute 15 M.
21. I hereby certify that I attended the deceased from 1942 to 4/29/42
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to 126

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Galt Stones & Choleliths

Of autopsy

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 0
23. Signature A. B. M. Meeker (M. D. or other)
Address Hannibal Date signed 5/1/42

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

4
3
4

1146

(Licensed Embalmer's Statement on Reverse Side)

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.....

Jane Fields Megown

Licensed Embalmer No. *4093*

P. O. Address *Frankford, 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.