

FILED OCT 14 1942

Registration District No. **206**

Primary Registration District No. **3042**

Registrar's No. **58**

62  
1  
1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Madison**

(b) City or town **Fredricktown Mo**

(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)

In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Madison**

(c) City or town **Fredricktown Mo** (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Alice Alcorn**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **5** year **1942** hour **11:45** minute **0** P. M.

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

6. (b) Name of husband or wife **Safayette Alcorn** 6. (c) Age of husband or wife if alive **84** years

7. Birth date of deceased: **Sept** (Month) **24** (Day) **1862** (Year)

21. I hereby certify that I attended the deceased from **9-1** to **9-6** 19**42**

that I last saw **her** alive on **9-6** 19**42** and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **11** Days **11** If less than one day hr. min.

Immediate cause of death **Nephritis chronic** Duration **2 yrs**

9. Birthplace **Good Water Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **House**

Due to **131P**

Due to

11. Industry or business

12. Name **D. S. Lane**

13. Birthplace **Temp. 1** (City, town or county) (State or foreign country)

14. Maiden name **Shack Lane** (City, town or county) (State or foreign country)

15. Birthplace **Washington Co. Mo** (City, town, or county) (State or foreign country)

Other conditions **Febr bladder infection** (Include pregnancy within 3 months of death)

16. (a) Informant **Lola Burstin**

(b) Address **Grandview Mo**

17. (a) **Burial** (b) Date thereof **Sept 6-1942** (Month) (Day) (Year)

(c) Place: burial or cremation **Clarence**

18. (a) Signature of funeral director **Eli H. Webb**

(b) Address **Fredricktown Mo**

19. (a) **Sept 6 1942** (Date received local registrar) (b) **S. C. Slaughter** (Signature of registrar)

Major findings: **Arterio Sclerosis with valvular heart lesion**

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?.....

(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **Thomas Barron** (M. D. or other) Address **Fredricktown** Date signed **9/6-42**

**Barron - 431** (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 1042-1250  
Date Filed 10-13-42

**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 H. Kelt*

Licensed Embalmer No.

*4264*

P. O. Address

*Fredericktown, Md.*

**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.