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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30995

State File No.

Registration District No. 266

Primary Registration District No. 5898

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Trail *Trail, Missouri*
(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 Missouri (b) County Ozark
(c) City or town Blanche Rural
(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: 0

3. (a) PRINT FULL NAME Emma E. Alms
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24
year 1942 hour 3 minute 15 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fletcher Alms 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 15 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-21-42, 1942, to 5-24, 1942
that I last saw her alive on 5-22, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 5 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Apoplexy
Duration _____

9. Birthplace Neosho, Kansas
(City, town, or county) (State or foreign country)

Due to hypertension
Due to _____

10. Usual occupation Housewife

Other conditions g3a
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER, FATHER {
12. Name Jonithan Blers
13. Birthplace Unknown (State or foreign country) 9
14. Maiden name Elizabeth Unknown (State or foreign country) 9
15. Birthplace Unknown (State or foreign country) 9

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Charles F. Alms
(b) Address Spencer MO
17. (a) Burial (b) Date thereof 5-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Blanche
18. (a) Signature of funeral director Dr. Stapp
(b) Address 11th St. Spencer MO
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. C. Bentley (M. D. or other) _____
Address Spencer MO Date signed 5-25-42

RECEIVED

District Health Officer No. 6,

District File Number 1042-1413

Date Filed OCT 5 1942

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30995

Registration District No. 266 Primary Registration District No. 5898 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Garh
(b) City or town 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
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(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 Emma E. Alms
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March 24
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
to _____ 19____;
that I observed him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 15 1886
(Month) (Day) (Year)

8. AGE: Years 77 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
{ 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 100-24-1947 (b) O.S. Clark
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place)
While at work? _____ (c) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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



