

FILED DEC 14 1942 STANDARD CERTIFICATE OF DEATH

37584

State File No. _____

Registration District No. 212

Primary Registration District No. 5780

Registrar's No. 56

1. PLACE OF DEATH:
 (a) County Miller
 (b) City or town Olean, R. F. D. #1
(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 Missouri (b) County Miller
 (c) City or town Olean, R. F. D. #1
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural Saline township
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 440 years.

3. (a) PRINT FULL NAME Joseph Alfert
 3. (b) If veteran, name war _____ 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 24
 year 1942 hour 8:15 minute _____ P. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Viola Alfert 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased April 8 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 10 1942 to 11/24 1942
 that I last saw him alive on _____, 19____,
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>16</u>	_____ hr. _____ min.

Immediate cause of death Senility
 Due to arterio-sclerosis

9. Birthplace Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Due to _____
 Other conditions 97
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Theodore Alfert
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Debbert
 15. Birthplace Germany
(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.

16. (a) Informant Mrs. Viola Alfert
 (b) Address R. F. D. # 1, Olean, Missouri
 17. (a) removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Louis, Missouri

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? _____

18. (a) Signature of funeral director Phillips Funeral Home
 (b) Address Eldon, Missouri
 19. (a) Nov. 25-1942 (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 0
 23. Signature G. Dr. Wulfer (M. D. or other)
 Address Eldon Mo Date signed 11/25/42

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

66
0
0

66
0
0

RECEIVED
Miller County Health Dept.
County File Number 42-95
Date Filed 12/7/42

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

Louis D. Phelan, Registered Apprentice No. _____
working under my personal supervision.

Signed Louis D. Phelan

Licensed Embalmer No. 3663

P. O. Address Edon

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.