. S. No. 2
M—9-4-41
y. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5765

State File No.

Registration District No. 31 Primary Registration District No. 5107 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Rural, West White Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RFD, Ionia, Mo /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 11 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8

(c) City or town RFD, Ionia 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME D. Clarence Alfred

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Fern Moore Alfred

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July (Month) 31 (Day) 1885 (Year)

8. AGE: Years 58 Months 5 Days 11 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name S. W. Alfred
13. Birthplace unknown (City, town, or county) unnown 9 (State or foreign country)

MOTHER
14. Maiden name Rebecca McGuire
15. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Mrs. D. C. Alfred
(b) Address Ionia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Mo.

19. (a) Jan-18-43 (Date received local registrar) (b) Sue Seliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1943 hour 7 30 minute P M.

21. I hereby certify that I attended the deceased from Dec 24, 1942, to Jan 12, 1943
that I last saw him alive on Jan 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to

Other conditions 94 b
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 A. L. Walter (M. D. or other)
Address Sedalia Mo Date signed 1-12-43

63 By Pauline Harms, Dep.

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 7 1949

RECEIVED
District Health Officer No. 7,
District File Number 1-43-24
Date Filed 2-3-43

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 Elliott Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.