

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5815

State File No.

FILED FEB 23 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 151

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2623 Mary St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Carrie Blanch Alford
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert W. 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased December 24 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 8 If less than one day hr. min.

9. Birthplace 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Issac Edson

13. Birthplace Sangamon Co. 1 Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Gibbs

15. Birthplace Harrison Co. 0 Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs L.M. Davis

(b) Address Westphalia Kans

17. (a) Burial (b) Date thereof 2-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetary

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address 1946 Colhoun St

19. (a) 2-3-43 (b) Rose Keyser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2623 Mary St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 1
year 1943 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 11 1943 to Feb 1 1943
that I last saw her alive on Feb 1 1943
and that death occurred on the date and hour stated above.

Immediate cause Bellagra Duration Intermittent

Due to Im proper diet

Due to None

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 69
Of operations

Of autopsy

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) Means of injury

23. Signature Thelma Hansen (M. D. or other)

Address 2802 1/2 St. Joseph Date signed 2/2/43

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

Hansen

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

Robert H. Gable

Licensed Embalmer No.

3308

P. O. Address.

St Joseph 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.