

FILED JUN 10 1943 7

Registration District No. 267

Primary Registration District No. 5982

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town 2 1/2 Mi. N.W. Hayti, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 34 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town 2 1/2 Mi. N.W. of Hayti, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Citizen of U.S.A.

3. (a) PRINT FULL NAME Monroe Alford

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie E. Alford 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November 21, 1876 (Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business same as above

12. Name Tom Alford

13. Birthplace Trenton, Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Martha Rice McBride

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Albert L. Alford

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director J. L. Lutz

(b) Address Caruthersville, Mo.

19. (a) May 27-43 (Date received local registrar) (b) George R. Shardt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1943 hour 2:30 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 13 1943, to May 16 1943
that I last saw him alive on May 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia acute hematuria

Due to

Due to

Other conditions 133 R3
(Include pregnancy within 3 months of death)

Major findings: 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) (e) Means of injury

23. Signature Asst. Surgeon (M. D. or other) Address Hayti, Mo. Date signed 5/28/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

78
0
0

5-43-224

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..... *J. L. Le Forge*

Licensed Embalmer No..... *3082*

P. O. Address..... *Canthensville, Pa.*

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.