

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Dr. Mills

ED NOV 18 1943 38

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38755

Primary Registration District No. 5823

Registrar's No. 59

1. PLACE OF DEATH:

(a) County New-Madrid  
(b) City or town Rural - New Madrid Twp.  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
(Specify whether)  
In this community X  
years, months or days)

3. (a) PRINT FULL NAME Joe Alls

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

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

6. (b) Name of husband or wife Lydia 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 5 11 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business X

12. Name Sam Alls

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

14. Maiden name Unkown

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

16. (a) Informant Lydia Alls

(b) Address Mathews Mo. R.F.D. # 1 BOX

17. (a) Burial (b) Date thereof 10/8/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Cem.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo.

19. (a) Nov 3, 1943 (b) Alice Spitzer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New-Madrid  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 Mile so.E. Matthews  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country X 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7  
year 1943 hour 5 minute 00 M.

21. I hereby certify that I attended the deceased from 2/15-43  
to 10/7, 1943  
that I last saw him alive on 2/11/43  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Extremely high Blood Pressure

Due to

Other conditions g2a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury g2a

23. Signature A. M. C. Hill (M. D. or other)

Address Sikeston Mo Date signed 10/8/43

RECEIVED

District Health Office No. 2,

District File Number 1143-1473

Date Filed 11-15-43

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.....

Not Embalmed, Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4210

P. O. Address S. Kelson M.

**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.**