

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42453**
Registrar's No. **48**

FILED JAN 10 1948
Registration District No. **4232**

Primary Registration District No. **4232**

1. PLACE OF DEATH:

(a) County **Howell**
(b) City or town **Willow Springs**
(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 **20 years**
years, months or days

3. (a) PRINT FULL NAME **MAHALA LANE ALCORN**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Almarine Alcorn** 6. (c) Age of husband or wife if alive **10** years (Month) (Day) (Year)
7. Birth date of deceased **Feb. 10 1887** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 21 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business
12. Name **John Hall**
13. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)
14. Maiden name **Matilda Marker**
15. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Minnie Bailey**
(b) Address **Willow Springs, Mo.**

17. (a) **Burial** (b) Date thereof **1/12/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Willow Spg. City Cemetery**

18. (a) Signature of funeral director **J. C. Burns**
(b) Address **Willow Springs, Mo.**

19. (a) **1-4-44** (b) **Marlette Ferguson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Howell**
(c) City or town **Willow Springs**
(If outside city or town limits, write "RURAL")
(d) Street No. (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 **Dec** day **31**
year **1943** hour **6** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Dec 31/43**
Dec 31/43 19 **43** **Dec 31/43** 19 **43**
that I last saw her alive on **Dec 31** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** **48 Hours**
Duration

Due to **Influenza** **10 Days**

Due to

Other conditions (Include pregnancy within 3 months of death) **330**

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

PHYSICIAN

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? (Specify type of place) (b) Means of injury

23. Signature **J. S. Correll** (b) Date signed **1/2/48**
Address **Willow Springs, Mo.**

345

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5

District File Number

Date Filed

14428
1-6-44

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.R. Burns

Licensed Embalmer No.....

1837

P. O. Address.....

Willow Springs,

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.