

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6513

FILED MAR 3 1944

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural Route 1, Rocky Fork, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rocky Fork Township, Route 1, Brown Station
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43 Years
(Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME RUBEN MONTGOMERY ALSPA W

3. (b) If veteran, name war None
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 Rooney Alspaw 6. (c) Age of husband or wife if alive 1900 years
7. Birth date of deceased 4 - 10 - 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Boone County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name John Alspaw
13. Birthplace Boone County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Pearl Phillippe
15. Birthplace Boone County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R.M. Alspaw
(b) Address Route 1, Brown Station, Mo.
17. (a) Burial (b) Date thereof 2-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dripping Springs
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) Feb 22 1944 (b) Mrs. Ralph Bryan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Brown Station (Rural) #1
(If outside city or town limits, write "RURAL")
(d) Street No. Rocky Fork Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 15 1944 Month Feb. day 15 year 1944 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 1944 to 1944; that I last saw him alive on 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Myocarditis
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations (none)
Of autopsy (none)

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?

While at work (Specify type of place) Means of injury 3
23. Signature Maurice M. Edman (M. D. or other)
Address Columbia, Mo. Date signed 2/16/44

MAY 2 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.