

FILED MAR 9 1945

Registration District No. 206

Primary Registration District No. 5745

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural (Central Twp)
(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 Life _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Madison
(c) City or town Rural (Central Twp)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? (Yes or No) No
If yes, name country _____

3. (a) PRINT FULL NAME ALVIN DALE SETTLE

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years
7. Birth date of deceased June 18 1940
(Month) (Day) (Year)

8. AGE: Years 4 Months 7 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Union Madison Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Elmer Settle

13. Birthplace Union mo
(City, town, or county) (State or foreign country)

14. Maiden name Stella Henson

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

16. (a) Informant Elmer Settle

(b) Address Union mo

17. (a) Rural (b) Date thereof Jan 24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Settle Cemetery

18. (a) Signature of funeral director Webb & Holt Funeral Home

(b) Address Fredericktown mo

19. (a) Feb 24 1945 (b) S.C.S. Laughton
(Date received local registrar) (Licensed Embalmer's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1945 hour 4 minute 7 M.
21. I hereby certify that I attended the deceased from Jan 15
1945 to Jan 22 1945
that I last saw him alive on Jan 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Tuber Duration 7 da.

Due to _____

Due to _____

Other conditions (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 D. G. Myers (M. D. or other) _____

Address Caldwate Mo. Date signed 2/11/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

002

myers 481
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 345-348
Date Filed 3-7-45

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 *no* *Embalmer* *John K. P.* *4264*

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.