

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6525  
Registrar's No. 24

FILED MAR 12 1945

Registration District No. 2

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mc Cormick Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 wks  
(Specify whether  
In this community 11 yrs  
years, months or days)

3. (a) PRINT  
FULL NAME

Alice Murry ALSop

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Henry ALSop 6. (c) Age of husband or wife if 2 years  
7. Birth date of deceased MAR 7 1887  
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 26 If less than one day  
hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name UNKNOWN  
13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Social Security Board Moberly

(b) Address Moberly MO

17. (a) BURIAL (b) Date thereof 2-5-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland (Moberly)

18. (a) Signature of funeral director E. C. Hopper

(b) Address Clarence

19. (a) 2-2-45 (b) Anna Hove  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 536 TULSA  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3  
year 1945 hour 9 minute 6 A.M.

21. I hereby certify that I attended the deceased from 1-19 1945 to 2-3 1945  
that I last saw him alive on 2-3 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Lobar Pneumonia 2 weeks

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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) (e) Means of injury

23. Signature J. H. Williams (M. D. or other)  
Address Moberly Mo. Date signed 2-3-45

RECEIVED

District Health Officer No. 10

District File Number 3-45-504

Date Filed MAR 9 1945

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 Lawrence E. Hoyer

Licensed Embalmer No. 7261

P. O. Address Lawrence Hoyer

**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.