No. 2
8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5161

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 hr. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 0 (If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 1 East 0 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emil Elizabeth Francis Alston

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife W. L. Alston

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January (Month) 2nd (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	1	4	hr. min.

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

10. Usual occupation House Work.

11. Industry or business

FATHER
12. Name James Marshell
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Rey
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant W L Alston

(b) Address Washington Mo.

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

(c) Place: burial or cremation Brush Creek Gray Summit Mo

18. (a) Signature of funeral director E. F. Oltman

(b) Address Union Mo.

19. (a) 2/6/46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month February day 6th. year 1946 hour 4 minute a M.

21. I hereby certify that I attended the deceased from , 1935, to 2-6, 1946 that I last saw her alive on 2-5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	1 wk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Myocarditis Hemiplegia	

Major findings:
Of operations
Of autopsy

108

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. M. Denny (M. D. or other) MD

Address Union Mo Date signed 2-6-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 3-9-46

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 E. F. Oltmann

Licensed Embalmer No. 1686

P. O. Address Union Mo.

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.