

FILED MAY 27 1946
Registration District No. 23

Primary Registration District No. 4496

Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbyville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 64 years years, months or days

3. (a) PRINT FULL NAME

MARIA ALPAUGH

3. (b) If veteran, name war _____

3. (c) Social Security No. 1

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Peter Alpaugh 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 12 - 1859 (Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name (not known) Sargent
13. Birthplace Canada (City, town, or county) (State or foreign country)
14. Maiden name (not known) Miller
15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Jessie Jordan
(b) Address Shelbyville, Mo.

17. (a) Burial (b) Date thereof Apr. 24 - 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville Cemetery

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville, Mo.

19. (a) April 24 - 46 (b) Ruth Jaeger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby
(c) City or town Shelbyville (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1946 hour 12:15 minute A M.

21. I hereby certify that I attended the deceased from Apr. 9 - 1946 to Apr. 23 - 1946 that I last saw her alive on Apr. 22 - 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 14 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1

Major findings: Of operations (1)

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? _____

(Specify type of place) While at work? (e) Means of injury C

23. Signature P. C. Archer (M. D. or other)

Address Shelbyville Mo. Date signed 4-29-46

FEB 13 1959

4

RECEIVED

District Health Officer No. 10

District File Number 5-46-1043

Date Filed MAY 23 1946

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.....

Myself....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....E. P. Thompson.....

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.