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-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27607  
Registrar's No. 127

Registration District No. 583 Primary Registration District No. 5655

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

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Mt. Vernon  
(c) Name of hospital or institution: Missouri State Sanatorium  
(d) Length of stay: In hospital or institution 757 days  
In this community 757 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lafayette  
(c) City or town Wellington  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mildred Green Alumbaugh  
3. (b) If veteran, name war no  
3. (c) Social Security No. none known

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased March 30 1894

8. AGE: Years 52 Months 4 Days 2  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Napoleon Missouri

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Chapman Green

13. Birthplace Unknown Ohio

14. Maiden name Sarah Caroline Dances

15. Birthplace Unknown Ohio

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Funeral (b) Date thereof Aug 24 1946

(c) Place: burial or cremation Wellington, Mo

18. (a) Signature of funeral director Geo B Orr

(b) Address Mt. Vernon Mo

19. (a) Aug 24 (b) E. McMichael

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st year 1946 hour 5 minute 45 P.M.  
21. I hereby certify that I attended the deceased from July 6 19 46 to Aug 1st 19 46  
that I last saw her alive on Aug 1st 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Abt. 12 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 13.5  
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? \_\_\_\_\_  
(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 C. A. Brasher (M. D. or Ch. D.)  
Address Mt. Vernon, Mo. Date signed 8-7-46

RECEIVED

District Health Officer No. 6,

District File Number 946-925

Date Filed SEP 5 - 1946

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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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address 246 Vernon M

**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.