

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36011

FILED DEC 2 1946

State File No.

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 20

1. PLACE OF DEATH:

(a) County ANDRAN
(b) City or town VANDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 416 North Main St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 68 yrs 6 mos (Specify whether years, months or days)
In this community 68 yrs 6 mos

3. (a) PRINT FULL NAME SUSIE M. ALFORD

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife R. LEE ALFORD 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased MAY 23 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name AARON McPike
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name ELLEN FERGUSON
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant R. Lee Alford
(b) Address Vandalia Missouri

17. (a) Burial (b) Date thereof Nov 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director H. S. Grater

(b) Address Vandalia Missouri

19. (a) Nov 25 1946 (b) Mollie Ingham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDRAN
(c) City or town VANDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 416 North Main St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 rd
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 8 1946 to Nov 23 1946
that I last saw him alive on Nov 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93D

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) (c) Means of injury

23. Signature H. H. Alford (M. D. or other)
Address Vandalia Mo Date signed 11/23/46

(Licensed Embalmer's Statement on Reverse Side)

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

1-9-47

348

JAN 13 1947

RECEIVED
District Health Officer No. 10
District File Number 11-46-2197
Date Filed NOV 29 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.....

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

Signed W. B. Hatus

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.