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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8413  
Registrar's No. 398

Registration District No. 89 Primary Registration District No. 5328

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

1. PLACE OF DEATH:  
(a) County Greene Liberty  
(b) City or town Leasburg "RURAL"  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 28  
(c) City or town Leasburg "RURAL"  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME ALFRED CARLISLE  
3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex M. O 5. Color White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Apr - 25 - 1867  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 27 year 1947 hour 8 minute P. M.  
21. I hereby certify that I attended the deceased from Feb 12 1947 to Feb 27 1947  
that I last saw him alive on Feb 26 1947 and that death occurred on the date and hour stated above.

8. AGE: 89 Years 10 Months 2 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Hillsdale Mich. (City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

Immediate cause of death Acute Endocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 91 B

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name David Carlisle  
13. Birthplace Unavailable (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace 9 (City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant James Carlisle  
(b) Address Leasburg Mo  
17. (a) Burial (b) Date thereof 3-2-1947 (Month) (Day) (Year)  
(c) Place: burial or cremation Leasburg  
18. (a) Signature of funeral director Chas. W. Brown  
(b) Address Cambou Mo  
19. (a) 3-1-47 (Date received local registrar) (b) H. F. Drubin M.D. (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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 0  
23. Signature H. F. Drubin (M. D. correct)  
Address Leasburg, Mo. Date signed 3-2-47

RECEIVED

District Officer No. 5

District No. 34747

Date Filed 3-14-47

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 *Albert E Long*

Licensed Embalmer No. *3504*

P. O. Address *Carbondale 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.