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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 21 1947**  
Registration District No. 217

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 31024 3-

**18167**  
State File No. \_\_\_\_\_  
Registrar's No. 6

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

**1. PLACE OF DEATH:**  
(a) County Mississippi  
(b) City or town Charleston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
East Marshall St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 6 Weeks  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Mississippi  
(c) City or town Charleston  
(If outside city or town limits, write "RURAL")  
(d) Street No. East Marshall St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Samuel Marcus Alldredge  
**3. (b) If veteran,** name war World War I **3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month May day 1st  
year 1947 hour about 11:00 minute \_\_\_\_\_ M.

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Mary Alldredge **6. (c) Age of husband or wife if**  
alive 51 years  
**7. Birth date of deceased.** December 28, 1895  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** Attended as Coroner  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

**8. AGE:** Years 51 Months 4 Days 3 If less than one day  
hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_  
Coronary Thrombosis  
Due to \_\_\_\_\_  
Duration Five  
Minutes

**9. Birthplace** Mount Vernon, Indiana  
(City, town, or county) (State or foreign country)

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

**10. Usual occupation** Chemist & Lab. Technician

Major findings: Q4A  
Of operations \_\_\_\_\_  
Of autopsy none  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**11. Industry or business** Pecos Valley Alfalfa Co.

**12. Name** Josiah Alldredge

**13. Birthplace** Mount Vernon, Indiana  
(City, town, or county) (State or foreign country)

**14. Maiden name** Belle McCreery

**15. Birthplace** Mount Vernon, Indiana  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Mary Alldredge  
(b) Address Charleston, Missouri.

**17. (a) Burial** (b) Date thereof 5-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon, Indiana  
**18. (a) Signature of funeral director** John P. Hinnel  
Charleston, Missouri  
(b) Address \_\_\_\_\_

**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? \_\_\_\_\_

**19. (a) 5-16-47** (b) Mrs. John Bonders  
(Date received local registrar) (Registrar's signature) 1947

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
Signature John P. Hinnel Doctor  
Address Charleston, Mo Date signed 5-2-47

AUG 20 1947

MAR 13 1948

JUL 1 1947

RECEIVED

District Health Office No.

District File Number 547-72

Date Filed 7-18-47

JUN 12 1947

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 *John F. Nunnelle Jr*

Licensed Embalmer No. 3851

P. O. Address *Charleston, W*

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.