. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 17 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37250

State File No.

Registration District No. 46

Primary Registration District No. 5152

Registrar's No.

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Grant township Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13

(c) City or town Polo Missouri
(If outside city or town limits, write "RURAL") U

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country U

3. (a) PRINT FULL NAME Albert P Alspaugh

3. (b) If veteran, name war 0

3. (c) Social Security No.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Alspaugh

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Oct. 18 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Fairfield Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Businessman

11. Industry or business Hardware Store

FATHER
12. Name Solomon Alspaugh
13. Birthplace Penn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Williamson
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant F. B. Alspaugh

(b) Address Polo Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 5 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Cowgill, Missouri

18. (a) Signature of funeral director Bernard H. Mead

(b) Address Braymer, Mo.

19. (a) Nov. 5, 1947 (Date received local registrar) (b) Gladys Jones (Registrar's signature) 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1947 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1947, to Nov 3, 1947; that I last saw him alive on Nov 3, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	4 hrs
Due to arteriosclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 0

23. Signature C H Wilburn M.D. (M. D. or other)

Address Polo Mo Date signed 11-4-47

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Wayne H. Hollemon, Registered Apprentice No. 77, working under my personal supervision.

Signed Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.