No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38585

FILED NOV 24 1947

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 240

49
1
3

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 hours (Specify whether
In this community 1½ years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage rural route (If outside city or town limits, write "RURAL")
(d) Street No. Route 4, Carthage (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Karen Alumbaugh
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 single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 23 (Day) 1945 (Year)

8. AGE: Years 1 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Carthage (City, town, or county) Missouri (State or foreign country)
10. Usual occupation infant
11. Industry or business at home
FATHER
12. Name Willard E. Alumbaugh
13. Birthplace unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Ruth Holland
15. Birthplace Jasper Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Roy Alumbaugh
(b) Address Rte 1, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 13, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Harvey Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.
19. (a) 11-12-1947 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 1219

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1947 hour 1:15 minute A M.
21. I hereby certify that I attended the deceased from Did not attend 19 to 19 that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage. Duration
Due to Shock & Concussion
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
Corrections Immaturity

PHYSICIAN
Underline the cause of which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 116
(b) Date of occurrence 11/8/47
(c) Where did injury occur? Carthage (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hi Way (Specify type of place) 71
While at work? no (e) Means of injury Car
23. Signature D W Deerfelt (M. D. or other) DO
Address 2114 Joplin Date signed 11/9/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-11-871

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.....Frank W. Kneece Jr.....

Licensed Embalmer No.....4440.....

P. O. Address.....Carthage.....

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.