

FILED FEB 16 1948

Registration District No. 5181

Primary Registration District No. 5181

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Rural apple creek, Mo
 (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)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 59 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir.
 (c) City or town Rural apple creek, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 1/2 miles south of Oak Ridge
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? NO years.

3. (a) PRINT FULL NAME Alfonzo Clippard

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Samuels 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February 10 1888
 (Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau County Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Price C. Clippard

13. Birthplace Cape Girardeau County Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Barbara Fulbright

15. Birthplace Cape Gir.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alfonzo Clippard

(b) Address Oak Ridge Mo

17. (a) Burial (b) Date thereof Jan. 24 '48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Wilson Stadler

(b) Address Jackson Mo

19. (a) 1-26-48 (b) D. G. Libest
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
 year 1948 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from was called to Patient 19____ to Patient 19____; that I last saw h_____ alive on Did not see her and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 178

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R D Blylock M.D. (M. D. or other)

Address Oak Ridge Mo Date signed 1-24-48

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X1051

Date 2-11-48
Office 248-147

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 Virgil A. Kelch
Licensed Embalmer No. 4102
P. O. Address Cape Girardeau -

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, above space should be left blank.