

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

4166

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

64

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: SE. Mo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs
(Specify whether
In this community 3 hrs
years, months or days)

3. (a) PRINT

FULL NAME NEWT ALBERSON

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Male 5. Color or white
race
6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Cora
6. (c) Age of husband or wife if
alive 60 years
7. Birth date of deceased June 5 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 15
If less than one day
hr. min.

9. Birthplace Marblehill Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Newt Alberson
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Eva Hahn
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Newt Alberson

(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof 2-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Welsh Funeral Home

(b) Address Sikeston Mo

19. (a) 2-27-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 406 Wilson St
(If rural, give location)
(e) If foreign born, how long in U. S. A? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1948 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb 20 1948 to Feb 20 1948
that I last saw him alive on Feb 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 110 hrs

Due to Cause undetermined

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 sta-
tistically.

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) (a) Means of injury

23. Signature J. Frank Hall, M.D. (M. D. or other)
Address Cape Girardeau, Mo Date signed 2-26-48

RECEIVED

District Health Officer No. 4
District File Number 348-28
Date Filed 3-1-48

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 _____

Licensed Embalmer No. 3467

P. O. Address _____

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.