

S. No. 1
M-1/47
r. 5-17-39

FILED APR 12 1948

Registration District No. **59**

Primary Registration District No. **4097**

Registrar's No. **65**

19
1
0

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

1. PLACE OF DEATH: **Case**

(a) County: **Harrisonville**

(b) City or town: **Harrisonville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **1**
(Specify whether)

In this community: **1**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (b) County: **Case**

(c) City or town: **Harrisonville**
(If outside city or town limits, write "RURAL")

(d) Street No.: **1**
(If rural, give location)

(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country: **1**

3. (a) PRINT FULL NAME: **Pearlie May Aliphant**

3. (b) If veteran, **1**

3. (c) Social Security No. **1**

name war: **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **April** day: **3**
year: **1948** hour: **5** minute: **50** M.

4. Sex: **Female**

5. Color or race: **white**

6. (a) Single, widowed, married, divorced: **widowed**

6. (b) Name of husband or wife: **Samuel R. Aliphant**

6. (c) Age of husband or wife if alive: **67** years

7. Birth date of deceased: **Aug 23-1889**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 1** 19**48** to **Apr 3** 19**48**
that I last saw her alive on **Apr 3** 19**48**
and that death occurred on the date and hour stated above.

Duration

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| 58 | 7 | 8 |hr.min. |

Immediate cause of death: **Arteriosclerotic Heart Disease with Congestive failure**

Due to: **Coronary Arteriosclerosis**

Due to: **1**

Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace: **Collins Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation: **House wife**

Major findings: **1**

Of operations: **1**

Of autopsy: **1**

PHYSICIAN

Underline the cause of which death should be charged statistically.

11. Industry or business: **1**

12. Name: **Reginal Bailey**

13. Birthplace: **Stamper 1**
(City, town, or county) (State or foreign country)

14. Maiden name: **Walden Amakett**

15. Birthplace: **Collins Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mr. Sam Crawford**

(b) Address: **Harrisonville Mo**

17. (a) **Burial** (b) Date thereof: **4/8-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Mount Cemetery**

18. (a) Signature of funeral director: **RUNNENBURGER'S**

(b) Address: **HARRISONVILLE, MO.**

19. (a) **April 5-1948** (b) **Lama J. Jones**
(Date received local registrar) (Registrar's signature)

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? **1** (e) Means of injury: **1**

23. Signature: **1** (M. D. or other) **MD**
Address: **Harrisonville Mo** Date signed: **4-5-48**

Dr. Baerger

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

Ernest Remmenburger

Licensed Embalmer No.

3368

P. O. Address

Harrisonville 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.