No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 6 1948

Registration District No. 5483

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 9256

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1702 Savannah St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alice Alder

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 12 (Day) 1894 (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	6	5	hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Allen
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emma Lynn
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. McMichael, Recprd Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 18-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director H D Lovett

(b) Address Mt Vernon, Mo.

19. (a) 7/17/48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th year 1948 hour 2:25 minute A M.

21. I hereby certify that I attended the deceased from Jan 13, 1948 to Jan 17th, 1948 that I last saw her alive on Jan 17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Right heart failure (Short) abt 4 mos

Due to Peri. fibrosis from healed peri. tuberculosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autops: Cavities both lungs Enlarged heart (TBC?)

Duration

95

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)

(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

23. Signature C E Hellweg M. D. (M. D. or other)

Address C. E. Hellweg, M. D. Mount Vernon, Mo. Date signed 1-17, 48

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

RECEIVED
District Health Officer No. 6,
District File Number 348-358
Date Filed MAR 31 1948.

APR 6 1948

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 By me Registered Apprentice No. working under my personal supervision.

Signed Max L Tossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, M

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.