M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11911

FILED APR 27 1948

Registration District No. 47

Primary Registration District No. 3016

Registrar's No. 96

26
5
4

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 527 - Linn
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4
(d) Street No. 527 - Linn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Alice Cason

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 14 (Day) 1885 (Year)

8. AGE: Years 63 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name Sam Jones 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Helen Booker
(b) Address 527 Linn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Longview

18. (a) Signature of funeral director Tanner Service
(b) Address 7 Jefferson

19. (a) 4-21-48 (Date received local registrar) (b) R. P. Dorris MD 1-4 (Registrar's signature) NP

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 17, 1948 to Dead when Viewed that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Infarction	
Due to	Sudden
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
Of autopsy	

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) 2
While at work? (e) Means of injury

23. Signature J T Leslie Coroner (M. D. or other)
Address Jefferson City Date signed 4-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
Death File Number
Date Filed APR 26 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed L. H. Carden

Licensed Embalmer No. 3641

P. O. Address Juneau.

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.