No. 2
-1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 20 1948

Registration District No. 3 0 8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1 13243

Primary Registration District No. 3037 5655

Registrar's No. A 7

1. PLACE OF DEATH:
(a) County: Lawrence County
(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 San (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 581 days (Specify whether years, months or days)
In this community: 581 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

48
4
4
1

3. (a) PRINT FULL NAME: Alice Evelyn Somers
3. (b) If veteran, name war: No
3. (c) Social Security No.: 499-16-0141
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept (Month) 23 (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
39 ~~37~~	6	23	hr. min.

9. Birthplace: Mulkeytown (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Power machine operator
11. Industry or business: Overall factory
12. Name: W. M. Somers
13. Birthplace: Modicna (City, town, or county) Ill (State or foreign country)
14. Maiden name: Myrtle Bayless
15. Birthplace: Mulkeytown (City, town, or county) Ill (State or foreign country)
16. (a) Informant: E. McMichael, Record Clerk
(b) Address: Mo. State San. Mt. Vernon, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director: Geo. B. Orr
(b) Address: Mt Vernon Mo
19. (a) Apr-15-1948 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1948 hour 6:20 minute A M.
21. I hereby certify that I attended the deceased from Sept. 12, 1946 to April 15, 1948 that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cor Pulmonale	3 wks
Due to: Lobectomy	3½ wks
Due to: Pulmonary Tuberculosis over	7½ yrs
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: 13 B
Of autopsy: Sayer no abscess Generalized anasarca

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: G. F. Lyle Cain M.D. (M.D. or other)
Address: Mount Vernon, Mo Date signed 4-15-48

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

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

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 Was Not Embalmed at all Registered Apprentice No. working under my personal supervision.

Signed Leo B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon

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.

S. No. 2B
5M—3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Mdy

Registration District No. 383 Primary Registration District No. ~~303~~ T 5655 Registrar's No. 47

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:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Abel E. Somers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 23 1948
(Month) (Day) (Year)

8. AGE: Years 37 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. State Sanatorium

18. (a) Signature of funeral director Geo. B. Orr
(b) Address Mt. Vernon, Missouri

19. (a) 3-20-48 (Date received local registrar) (b) Cecil Hendricks (Registrar's signature) MB

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April 15
year 1948 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
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 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S- 13243

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Lawrence }

State File No.
Local Registrar's No. 47

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22nd day of April, 1948, before me appears Cecil Hendricks, who, upon his oath, states that the original record of ~~birth~~ death for Alice Evelyn Somers, died/born April 15, 1948, in the State of Missouri, and which was filed at Mt. Vernon, Mo on April 15, 1948, should be corrected as follows:

Item No. 8 should read 39 years, 6 months, 23 days
Instead of 37 years, 6 months, 23 days.

Item No. Primary Registration Dist. No. should read 5655
Instead of 3037

Item No. 17 should read (a) Burial (b) April 16, 1948
Instead of

Item No. 18 should read (a) Geo. B. Orr (b) Mount Vernon, Missouri
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Cecil Hendricks
~~Relationship~~.

Local Registrar Vital Statistics
Mount Vernon, Missouri
Present Address.

Subscribed and sworn to before me this 22 day of April, 1948

My Commission expires Nov 16, 1948 Mabel McMichael Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
M—4-43
I X36667

S-13243