

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED MAY 18 1948**  
Registration District No. 42

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. 15526  
Registrar's No. 524

Primary Registration District No. 5132

**1. PLACE OF DEATH:**

(a) County Buchanan  
(b) City or town Rural Wayne Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2 1/2 N.W. of Halls, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 4 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Caroline Alpers

3. (b) If veteran, No  
3. (c) Social Security No. None  
name war

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Dietrick Alpers  
6. (c) Age of husband or wife if alive 19 years  
7. Birth date of deceased July 19 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 15  
If less than one day hr. min.

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

10. Usual occupation At home  
Athome

11. Industry or business  
12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Alpers  
(b) Address Halls, Mo.  
17. (a) Removal (b) Date thereof 5/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director Neaton Bowman  
(b) Address St. Joseph, Mo.  
19. (a) May 8 1948 (b) G. B. Jenkins  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lafayette  
(c) City or town Corder  
(If outside city or town limits, write "RURAL")  
(d) Street No. Corden, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 4  
year 1948 hour 6 minute 15 P.

21. I hereby certify that I attended the deceased from 2 May 1948 to 7 May 1948  
that I last saw her alive on 7 May 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 da

Due to Arteriosclerotic hypertension 10 y

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
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?  
While at work (Specify type of place) (e) Means of injury  
23. Signature Edw. T. Hoeff (M. D. or other) Th  
Deborah Hall Address Date signed 5-5-48

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.....

*Ernest Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St Joseph, 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.