

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 16 1948
Registration District No. 757

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Primary Registration District No. 3028

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
813 Oak St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 87 years
years, months or days)

3. (a) PRINT FULL NAME John W. Ale

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora Ale
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased November 26 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation retired farmer

11. Industry or business _____

12. Name Samuel Ale
13. Birthplace unknown Penn
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Dildine
15. Birthplace unknown Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. T. Hackett
(b) Address 1628 S. Maple, Carthage, Mo.
burial (b) Date thereof June 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) 6-8-1948 (b) L. B. Clifton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 813 Oak St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1948 hour 5:35 minute p M.

21. I hereby certify that I attended the deceased from June 4, 1948, to June 5, 1948;
that I last saw him alive on June 4, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis Duration 5-6 yrs?

Due to _____

Due to _____

Other conditions Chronic nephritis - 9 mo?
(Include pregnancy within 3 months of death)

Generalized arteriosclerosis -
Major findings: Of operations _____

Of autopsy 13/18

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) _____
(b) Means of injury _____
Signature Charles F. Shell (M. D. or other) md
Address 201 W. 3rd, Carthage, Mo. Date signed 6/7/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

JUL 16 1948

NOT
RECEIVED

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 Robert H. Knell
Licensed Embalmer No. 4459
P. O. Address Carthage

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.