

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30555

State File No.

FILED OCT 4 1948

Registration District No. 192

Primary Registration District No. 4398

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Bernier
(b) City or town Halland
(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 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Jessie Lee Alney
3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex F 1 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E. N. Alney 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Sept 22 1902 (Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Jessie Allen
13. Birthplace Idaho (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace - (City, town, or county) (State or foreign country)

16. (a) Informant E. N. Alney
(b) Address Halland Mo
17. (a) Burial (b) Date thereof 8-19-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Zion German Mchls
18. (a) Signature of funeral director Stule
(b) Address Stule
19. (a) 9-30-48 (b) E. L. Taylor (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1948 hour 110 minute P M.

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

Immediate cause of death POISONING Duration 6 Hrs.

Due to PHOSPHOROUS (poison FOR RATS)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1630
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) Suicide
(b) Date of occurrence 17 AUG 48
(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) (c) Means of injury

23. Signature E. L. Taylor (M. D. or other) MD
Address Halland Mo Date signed 18 Aug 48

10-48-271

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

John H. German

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.