

FILED DEC 13 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1312

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 5 days (Specify whether)
In this community 2 mo. 5 days (years, months or days)

3. (a) PRINT
FULL NAME

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Salvator M. Alger
6. (c) Age of husband or wife if alive, not given years
7. Birth date of deceased July 8 1873 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
1	75	4	26	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Wm H. McGuire
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Maria a Maden
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Record Hospital

(b) Address St. Joseph Mo

17. (a) Burial (b) Date thereof 12-6-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mount City Mo

18. (a) Signature of funeral director W. G. Gaudin

(b) Address Mount City Mo

19. (a) 12-6-48 (b) E. G. Jenkins (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Holt 44
(c) City or town Mount City (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 Dec day 1
year 1948 hour 3 minute X

21. I hereby certify that I attended the deceased from 9-29 1948 to 12-4 1948
that I last saw him alive on 12-4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Degeneration

Due to Arteriosclerosis

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (c) Means of injury

23. Signature E. G. Jenkins by E. G. Jenkins (M. D. or other)

Address St. Joseph Mo signed 12-4-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

W. H. Crawford

Licensed Embalmer No.....

1824

P. O. Address.....

Mainland City, W. Va.

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.