

Registrar's No. 35

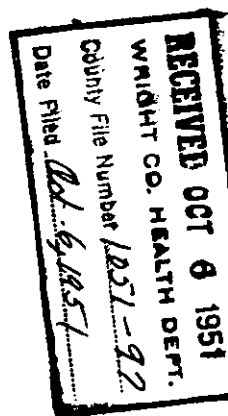
FILED OCT 11 1951

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		6288		Registrar's No.		33														
1. PLACE OF DEATH a. COUNTY <u>Wright</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>																			
b. CITY (If outside corporate limits, write RURAL and give township) OR: TOWN <u>Rural Union Twp</u>					c. LENGTH OF STAY (In this place) <u>14 yrs</u>																			
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>					1140																			
d. FULL NAME OF HOSPITAL OR INSTITUTION					d. STREET ADDRESS (If rural, give location) <u>13 Miles East Nianquia</u>																			
3. NAME OF DECEASED (Type or Print) <u>Hulda</u>					a. (First)			b. (Middle) <u>MARTHA</u>			c. (Last) <u>Alford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 13 1951</u>										
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6-16-1869</u>		9. AGE (In years last birthday) <u>82</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>29</u>		11. UNDER 1 YEAR Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>					10b. KIND OF BUSINESS OR INDUSTRY					11. BIRTHPLACE (State or foreign country) <u>Webster County Mo.</u>					12. CITIZEN OF WHAT COUNTRY? <u>USA</u>									
13a. FATHER'S NAME <u>Geo. Wilkerson</u>					13b. MOTHER'S MAIDEN NAME <u>Unknown</u>					14. NAME OF HUSBAND OR WIFE <u>Jesse Alford</u>														
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>					16. SOCIAL SECURITY NO. <u>none</u>					17. INFORMANT'S SIGNATURE OR NAME <u>Claude Alford Nianquia, Mo.</u>					ADDRESS									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							INTERVAL BETWEEN ONSET AND DEATH												
19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION <u>4222</u>							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>												
21a. ACCIDENT SUICIDE HOMICIDE (Specify)					21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)					21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)														
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)					21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					21f. HOW DID INJURY OCCUR?														
22. I hereby certify that I attended the deceased from <u>Sept 18</u> , to <u>Sept 19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 18</u> , 19 <u>51</u> , and that death occurred at <u>11:00 P.m.</u> , from the cause and on the date stated above.																								
23a. SIGNATURE <u>J. H. H. M.D.</u>					23b. ADDRESS <u>Springfield, Mo.</u>					23c. DATE SIGNED <u>9-16-51</u>														
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>					24b. DATE <u>9-16-1951</u>					24c. NAME OF CEMETERY OR CREMATOR <u>Prospect</u>					24d. LOCATION (City, town, or county) (State) <u>Nianquia Mo.</u>									
DATE REC'D BY LOCAL REG. <u>Sept. 28, 1951</u>					REGISTRAR'S SIGNATURE <u>J. H. H.</u>					346					25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Zalden</u>					ADDRESS <u>Hartsville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1 1951



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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hasterville, 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.