

1-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 13 1941

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

19485
State File No. ~~1-1-3-1~~

Registration District No. 8 Primary Registration District No. 202 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Rural, West White Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. F. D. # 2, Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town RFD # 2, Rural
(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 _____

3. (a) PRINT FULL NAME Mrs. Ida M. Alcorn
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 2
year 1941 hour 10:45 a m minute _____ M.
21. I hereby certify that I attended the deceased from
July 10 1940 to June 1 1941;
that I last saw her alive on May 15 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm Wilson Alcorn
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Intestinal Cancer Duration 1 yr.

7. Birth date of deceased July 6 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 26
If less than one day _____ hr. _____ min.
9. Birthplace Essex County New York
(City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business _____
12. Name Chas. Gray
13. Birthplace unknown New York
(City, town, or county) (State or foreign country)
14. Maiden name Fedella Ballew
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mervin Alcorn
(b) Address Windsor, Missouri
17. (a) Burial (b) Date thereof 6-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri
19. (a) June 7-41 (b) Mrs. Amy F. Rhodes
(Date received local registrar) (Registrar's signature)

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 J. G. Blackmore (M. D. or other) MD.
Address Windsor Date signed 6-4-41

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District No. 6-4-1002

Date Filed 6-11-41

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

E. W. H. H. H. H. H.

Licensed Embalmer No.

3391

P. O. Address

Windsor, Me.

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.