

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13001

State File No. _____

Registration District No. 101

Primary Registration District No. 5394

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Rural Boone
(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 _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Dallas Alcorn

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Alcorn 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased February 24, 1961
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 0 If less than one day
hr. _____ min. _____

9. Birthplace Douglas County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name John Alcorn
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sanders
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel
(b) Address Ava, Missouri
17. (a) Burial (b) Date thereof 3-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) April 12-47 (b) Uesta Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1947 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from Mar 14-47
only 19 _____ to 19 _____
that I last saw him alive on Mar 14-47
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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) _____
(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)
(c) Means of injury Heart
23. Signature J. L. Grady (M. D. or other)
Address Ava, Mo Date signed _____

RECEIVED
District Health Officer No. 6;
District File Number 442-472
Date Filed APR 22 1947

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.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Oran, 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.