

FILED JUL 22 1947

Registration District No. 373

Primary Registration District No. 11544

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town Springfield Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Springfield Mo
(If within hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community Life years, months or days)

3. (a) PRINT
FULL NAME

Jessie H. Alford

3. (b) If veteran.

name war X

3. (c) Social Security

No. X

4. Sex MS

5. Color or
race W

6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife

Hulda Alford

6. (c) Age of husband or wife if
alive 72 years

7. Birth date of deceased

November 22-1865
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

81

7

5

X hr.

X min.

9. Birthplace

Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

Farm

12. Name

Riley Alford

13. Birthplace

Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name

Riza Weaver

15. Birthplace

Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant

Hulda alford

(b) Address

Springfield Mo

17. (a)

Burial
(Burial, cremation, or removed)

(b) Date thereof

Prospect
(Month) (Day) (Year)

(c) Place: burial or cremation

Prospect

18. (a) Signature of funeral director

Marshall J. Francis

(b) Address

Springfield Mo

19. (a)

7-22-47
(Date received local registrar)

J. F. Francis
(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DeKalb
(c) City or town Springfield Mo
(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 June day 27 year 1947 hour 11:00 minute — M.

21. I hereby certify that I attended the deceased from May 1 - 1947 to June 27 1947
that I last saw alive on May 28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

apoplexy

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 sta-
tistically.

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

W. F. Schuch

(M. D. or other)

Address

Springfield

Date signed

July 19 1947

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 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 _____

Licensed Embalmer No. 3312

P. O. Address Marshall

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.