

FILED APR 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10762**

Registration District No. **221**

Primary Registration District No. **5445**

Registrar's No. **85**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Rogersville, Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **11 West Main**
(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 **MARY ANN Alford**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Milton** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan 26 1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **2** Days **4** If less than one day _____ hr. _____ min.

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

10. Usual occupation **House Keeper**

11. Industry or business _____

12. Name **Humble**

13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Regan**

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Alford**

(b) Address **Rogersville Mo**

17. (a) _____ (b) Date thereof **Apr 1, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Palmetto Cem**

18. (a) Signature of funeral director **Kelly - Lewis**

(b) Address **Rogersville Mo**

19. (a) **4-4-40** (b) **Mrs Pearl H. Mitchell**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Rogersville, Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30**
year **1941** 8 hour **30** minute **A. M.**

21. I hereby certify that I attended the deceased from **Jan 12**, 1941, to **Jan 31**, 1941
that I last saw her alive on **Jan 12**, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Hypertension** Duration **12 yrs**
Arteriosclerosis Immediate
Cause unknown No Phlebotomy
Due to **unknown**

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? **2nd**
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature **R.R. Faithing** (M. D. or other) **11**
Address **Ozark Mo** Date signed **4/5/41**

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

39
0
0

39
0
0

RECEIVED

San Diego County Health Office,

41-4-29-45

4/21/91

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.

P. O. Address.....

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.