

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 17 1947

Registration District No. 46

Primary Registration District No. 5152

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Grant township Rural
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 46 years
years, months or days)

3. (a) PRINT FULL NAME Albert P Alsbaugh

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife Anna Alsbaugh 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased 18 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 0 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Fairfield Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Businessman

11. Industry or business Hardware Store

12. Name Solomon Alsbaugh
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Williamson
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant F. B. Alsbaugh
(b) Address Polo Missouri
17. (a) Burial (b) Date thereof 11 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cawgill, Missouri
18. (a) Signature of funeral director Edward H. Mead
(b) Address Braymer Mo.
19. (a) Nov. 5, 1947 (b) Bludye Jones
(Date received local registry) (Registrar's signature) 37

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13
(c) City or town Polo Missouri
(If outside city or town limits, write "RURAL") U
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1947 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 1
1947 to Nov 3 1947
that I last saw him alive on Nov 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to arteriosclerosis

Duration 4 hrs
10 yrs

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

Major findings: Of operations _____
Of autopsy gall
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 0
23. Signature CH Wilburnd (M. D. or other)
Address Polo 710 Date signed 11-4-47

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

3000

MAY 18 1948

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Wayne H. Holloman
working under my personal supervision.

Registered Apprentice No. *77*

Signed *Permal J. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Braymer, 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.