

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper 1
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 9 years
years, months or days)

3. (a) PRINT FULL NAME ELsie IRENE 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 single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 23 1930
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	9	11	19	hr. min.

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

10. Usual occupation Student

11. Industry or business Enterprise School

MOTHER FATHER
12. Name John Albert Alford
18. Birthplace Chestwood, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Irene Smith
15. Birthplace Wichita, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Alford
(b) Address Carl Jct. R. #1 Mo.

17. (a) Burial (b) Date thereof 1-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Jct. Cemetery

18. (a) Signature of funeral director Thornhill Miller
(b) Address Joplin, Missouri

19. (a) 1-16-40 (b) Ed B James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carl Junction R#1
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1940 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from 1-11-40, 19 to 1-12 40, 1940;
that I last saw her alive on 1-12 40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death ~~_____~~
Atherosclerotic atherosclerosis
Due to _____
Duration 1 1/2 40

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

Major findings General Sepsis
Of operations _____
PHYSICIAN _____

Of autopsy No
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)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Joplin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number

2010-557

Date Filed FEB 15 1940

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..... *David Dillon*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin 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, above space should be left blank.