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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 72

Registration District No. 547

Primary Registration District No. 3079

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

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Hannibal  
(c) Name of hospital or institution: 816 Hill Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not in hospital  
In this community 39 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 64  
(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 816 Hill street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lee Roy Alford  
3. (b) If veteran, World War name war XXX  
3. (c) Social Security No. Not known

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 28  
year 1941 hour between 7 PM + 12, A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Colored  
6. (a) Single, widowed, married, divorced / married  
6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased January 18, 1892  
(Month) (Day) (Year)

Immediate cause of death  
Found dead in bed, All probability tuberculosis N M D  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
49 1 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Frankford Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Custodian  
11. Industry or business Schweitzer's tavern

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? 1988

MOTHER FATHER  
12. Name Nelson Alford  
13. Birthplace Versailles, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mina Kelly  
15. Birthplace (Do not know)  
(City, town, or county) (State or foreign country)

Physician  
Underline the cause to which death should be charged statistically.  
23. Signature Terence Smith  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address Hannibal, Mo. Date signed 2-28-41

16. (a) Informant William Alford  
(b) Address Hannibal, Missouri  
17. (a) Burial (b) Date thereof March 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Frankford, Missouri  
18. (a) Signature of funeral director Ray O. Schwartz  
(b) Address Hannibal, Missouri  
19. (a) 3-1-41 (b) N O Fisher  
(Date received local registrar) (Registrar's signature)

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.....

*Ray P. Schwartz*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Ray P. Schwartz*

Licensed Embalmer No.....

*17650*

P. O. Address.....

*Hannibal*

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.