

FILED MAY 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14020

State File No. _____

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 177

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community life
years, months or days)

8. (a) PRINT FULL NAME Alford Ralph Alcorn

3. (b) If veteran, name war INFANT 8. (c) Social Security No. ✓

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Feb 17 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 2 hr. min.

9. Birthplace EMINENCE OMO
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER { 12. Name Ralph Alcorn
13. Birthplace EMINENCE OMO
(City, town, or county) (State or foreign country)
14. Maiden name Georgia HINES
15. Birthplace EMINENCE OMO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgia Alcorn
(b) Address EMINENCE

17. (a) Burial (b) Date thereof April 20 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUMMERS

18. (a) Signature of funeral director Greer Cray

(b) Address Poplar Bluff

19. (a) 4/19/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101
(c) City or town EMINENCE
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month April day 19th
year 1941 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 4-17
to 4-19, 1941
that I last saw him alive on 4-19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza of Meningitis Duration 1 week
acute Phinitis 10 Days

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?

While at work? _____ (Specify type of place) Means of injury _____
23. Signature Alford Ralph Alcorn (M. O. or other) _____
Address Poplar Bluff Mo Date signed 4-19-41

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

374

RECEIVED

District Health Officer No. 2

District File Number 541-616

Date Filed 5/19/41

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 Walter N. Fitch

Licensed Embalmer No. 3859

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, above space should be left blank.