

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25237
Registrar's No. 58

Registration District No. 391

Primary Registration District No. 4230

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 047
(c) City or town Ironton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Antone Usher

3. (b) If veteran, name war no
3. (c) Social Security No. 382-01-429
382-01-421

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased October 1, 1912
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>9</u>	<u>28</u>	hr. _____ min.

9. Birthplace Leadwood Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business Shoe Factory

MOTHER FATHER {
12. Name Fred Usher
13. Birthplace Reynolds Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Manda Hughes
15. Birthplace Phelps Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Usher
(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 8/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Arcadia Mo. K.P. Cemetery

18. (a) Signature of funeral director Norman White & Sons
(b) Address R.S. White Ironton Mo.

19. (a) Aug-5-41 (b) Julia A. Huntington
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 27, 1941
_____ 1941 to # Aug 1, 1941

that I last saw live on # Aug 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Knife wounds by the hands of
John Link

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

Duration

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) murder

(b) Date of occurrence July 27, 1941

(c) Where did injury occur? Ironton Iron Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place (city street)
(Specify type of place)

While at work? no (e) Means of injury knife stab

23. Signature W.A. Ruffolo Coroner
(M. D. or other)

Address Ironton Mo. Date signed 8/5/41

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

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 *Arnell White*
Licensed Embalmer No. *3012*
P. O. Address *Smithers Tenn*

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.