

FILED AUG 14 1941  
Registration District No. 247

Primary Registration District No. 3029

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 110 Shepherd Place  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 110 Shepherd Place  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1941 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 1, 1941 to July 10, 1941  
that I last saw him alive on July 10, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to atherosclerosis

Duration

10 days

Due to 94A  
Other conditions and  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations no  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. Har Betty (M. D. or other) MD  
Address Hannibal MO Date signed 7-14-41

3. (a) PRINT FULL NAME Edmund Lucas Alford

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 Lida Armstrong Alford 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February 6, 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Madisonville, Ralls County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business \_\_\_\_\_

12. Name Edmund Alford

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Elizabeth McIntyre

15. Birthplace Illinois (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Mrs. E. L. Alford

(b) Address 110 Shepherd Place

17. (a) Burial (b) Date thereof 7/13/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal

19. (a) July 16, 1941 (b) W. C. Fisher  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

**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.....

*Crawford Smith*

Licensed Embalmer No. ~~3814~~ 3814

P. O. Address Hannibal Missouri

**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.**