

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17244  
Registrar's No. 64

FILED JUN 14 1943

Registration District No. .... Primary Registration District No. 5010

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town 1 1/2 m west of Baldcove  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community About 2 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Barnard  
(If outside city or town limits, write "RURAL")  
(d) Street No. 'Rural' S.W.  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME EDWARD THOMAS NATHANIEL ALFORD

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

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

6. (b) Name of husband or wife Ellen Frances Alford "Edward" years  
7. Birth date of deceased Aug 11 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 9 8 hr. min.

9. Birthplace Olverine Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name Charles Luther Alford  
13. Birthplace New York State  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Jane Thigood  
15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Stacy Alford  
(b) Address Barnard Mo

17. (a) Removal (b) Date thereof 5-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Mont Pleasant Camp  
(b) Address 96 1/2 South Main Mansfield Mo.

19. (a) 5-22-43 (b) J.H. Fritchman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19  
year 1943 hour 1 minute a M.

21. I hereby certify that I attended the deceased from the body  
19     to 19    ;

that I last saw him     alive on    , 19    ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration ?

Due to Arteriosclerosis ?

Due to    

Other conditions g3a  
(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) (e) Means of injury    

23. Signature Clifford L. Steidley M. D. or other      
Address     Date signed 5/20/43

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

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**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..... *William Campbell* .....

Licensed Embalmer No. *2620* .....

P. O. Address *Manville 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, fact should be so stated above.**