. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36918

FILED NOV 10 1943

Registration District No. 60

Primary Registration District No. 6925

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural - Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp # 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. 6 months (Specify whether
In this community Same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton

(c) City or town Neosho 108
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Isaac Alfrey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Alfrey

6. (c) Age of husband or wife if alive Dx years

7. Birth date of deceased Nov. (Month) 16 (Day) 1879 (Year)

8. AGE: Years 63 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Round Co. (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robt. B. Alfrey
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Jones
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Hosp. Head
(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation State Hosp. Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada Mo

19. (a) 10-8-43 (Date received local registrar) (b) Jazel B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7 year 1943 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from March 25, 1939, to Oct. 7, 1943 that I last saw him alive on Oct. 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Pneumonia - Rt. upper lobe

Due to Pulmonary tuberculosis

~~Due to~~ Alzheimer's Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13 b1

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 Wm. J. Cremer (M. D. or other)

Address Nevada Date signed 10/7-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Di[illegible] Officer No. 7,
Di[illegible] Number 10-43-1227
Date Filed 11-9-43

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~~ me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Mike E. Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.