

FILED MAY 8 1944

Registration District No. 2-8-5-6285 Primary Registration District No. 2-8-5-5416

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Eudora
(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
In this community 48 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Eudora, Missouri
(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

Anice Eugenia Alcott

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced !
6. (b) Name of husband or wife Truman J. Alcott 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May, 2nd., 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 26 hr. _____ min.

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

10. Usual occupation Postmistress, Eudora, Mo

11. Industry or business Postmistress,

12. Name Samuel J. Nash, -----

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

14. Maiden name Mary Elizabeth Simpson,

15. Birthplace Polk County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Horace M. Nash,

(b) Address Walnut Grove, Mo R3

17. (a) Burial (b) Date thereof 3-30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eudora, Missouri.

18. (a) Signature of funeral director _____

(b) Address Walnut Grove, Missouri

19. (a) 3-29-44 (b) Rose Stewart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1944 hour 4 minute 01 a.m.

21. I hereby certify that I attended the deceased from Mar 24, 1944, to Mar 28, 1944
that I last saw her alive on Mar 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 5 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

PHYSICIAN
Underline the cause of 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 B B Kirby (M. D. or other) _____
Address Dadeville, Missouri Date signed 3-29-44

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.....


Licensed Embalmer No. 3856.....

P. O. Address. Ash Grove, 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.