DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 4 1946

State File No. 8647

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 113

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)

In this community: 6 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Carter

(c) City or town: Ellisnore
(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: SCOTT ALCORN

3. (b) If veteran, name war: none

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: Delia Ann Boxx

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: October (Month) — (Day) 1891 (Year)

8. AGE: Years 54 | Months | Days | If less than one day: hr. min.

9. Birthplace: Belgrade (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Automobile Dealer

11. Industry or business: Automobile

FATHER
12. Name: Le Aborn
13. Birthplace: Belgrade Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Alice Love
15. Birthplace: Belgrade Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Roy Alcorn
(b) Address: Fredricktown Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/23/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Hilltop Cemetery

18. (a) Signature of funeral director: Frank-Cotrell Chapel
(b) Address: Poplar Bluff, Missouri

19. (a) 3-30-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1946 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Mar 19, 1946 to Mar 21, 1946 that I last saw him alive on Mar 21, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxiation	
Due to: Cardiac failure	
Due to: Broncho Pneumonia	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: A.D. Markel M.D. (M. D. or other)

Address: Poplar Bluff Mo Date signed: 3-29-46

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No.
District File Number 446-46
Date Filed 4-2-46

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.....Howard Rodgers.....

Licensed Embalmer No.....4386.....

P. O. Address.....Poplar Bluff, 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.