

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32249

State File No. \_\_\_\_\_

FILED SEP 23 1947

Registration District No. 2

Primary Registration District No. 6075

Registrar's No. 312

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Hospital No. 4 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days.  
(Specify whether years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94  
(c) City or town Farmington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 215 East Columbia  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME OSCAR WEBSTER ALLEY

3. (b) If veteran, name war No 3. (c) Social Security 494-09-6045

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown 0

6. (b) Name of husband or wife Jewel Debo 6. (c) Age of husband or wife if alive Age Unk years

7. Birth date of deceased August 3, 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 1 8 hr. min.

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

10. Usual occupation Truck driving and boiler firing

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

12. Name Carol Alley

13. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Powers  
(City, town, or county) (State or foreign country)

15. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 9-13-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cem., Farmington

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Missouri

19. (a) 9-15-47 (b) Ethel Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11,  
year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
Sept. 2, 1947, 19   to Sept. 11, 1947, 19  ;  
that I last saw him alive on Sept. 11, 1947, 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocarditis  
Arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death.)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No autopsy.

Duration \_\_\_\_\_  
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? MO.

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature George H. Rivers (M. D. or other) M.D.

Address Farmington, Mo. Date signed 10-12-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4  
District File Number 947-1216  
Date Filed 9-22-47

1947 8 8 1957

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 A. Cozear  
Licensed Embalmer No. 4084  
P. O. Address Sturmyton, Va

**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.**