

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 29 1947

Registration District No. 74

Primary Registration District No. 4024

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Liberal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 59 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Liberal
(If outside city or town limits, write "RURAL")
(d) Street No. 1007 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME David Franklin Aleshire

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

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

6. (b) Name of husband or wife Mary Belle Aleshire 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased November 13 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Middletown Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business.....

12. Name John Wesley Aleshire

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

14. Maiden name Eveline Adams

15. Birthplace Madison Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary B. Aleshire

(b) Address Liberal Missouri

17. (a) Burial (b) Date thereof 9 6 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barton City, emp. liberal

18. (a) Signature of funeral director J. M. Penney

(b) Address Mulberry, Kans.

19. (a) Sept 10 1947 (b) Arthur Aleshire
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Sept. day 3
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar. 10 1946 to Sept 3 1947
that I last saw him alive on Sept. 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac De-compensation and anemia Duration 10 da.
Due to Carcinoma of the prostate gland 3 yrs.

Due to Senility & General Debility
Other conditions Metastasis to the Intestines (Cancerous)

Major findings: Of operations..... Of autopsy 518

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 I

23. Signature M. H. Kneeland (M. D. or other) MD
Address Liberal, MO. Date signed Sept 9 1947

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

MOTHER FATHER

6
0
0

3500

RECEIVED

District Health Officer No. 6,

District File Number 1049-1116

Date Filed OCT 27 1947

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

J. M. Berkeley

Licensed Embalmer No. 2336

P. O. Address Mulberry, Kans.

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.