

FILLED OCT 27 1941

Registration District No. 688

Primary Registration District No. 3026

Registrar's No. 132

1. PLACE OF DEATH

(a) County Linnington
(b) City or town Chillicothe
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linnington
(c) City or town Chillicothe
(d) Street No. 301 Cherry St.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret E. Alsbury

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William B. Alsbury 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 16 1868 (Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Stockton Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Salaman Hartley
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth de Soreau
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Reba C. Wilson
(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof Sept 20 '41
(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director James D. Gowan
(b) Address Chillicothe Mo.

19. (a) Sept 19-1941 (b) L. H. ELLA CURRY
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18 year 1941 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec. 1 - 1940 to Sept 18 1941
that I last saw her alive on Sept 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum

Due to _____
Due to _____

Other conditions (include pregnancy within 8 months of death) _____

Major findings: Of operations _____ Of autopsy RORE

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 [Signature] (M. D. or other) D
Address Chillicothe Mo. Date signed 9-18-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9
1
2

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.....

P. O. Address.....

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.