N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 30 JAN 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43843
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe 2 Registration District No. 582
(b) Township Jackson 1 Primary Registration District No. 5779 Registered No. 43
(c) City ..... (d) Street No. GOSS, MO St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CEATON JESSE ALEXANDER
(a) Residence, No. GOSS, MO. St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LOTTIE ALEXANDER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY, 15, 1874
7. AGE YEARS 64 MONTHS 7 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) DEC. 1938.
11. Total time (years) spent in this occupation ACTIVE LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MEMPHIS MO. D

FATHER
13. NAME JEFFERSON ALEXANDER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA. 1

MOTHER
15. MAIDEN NAME LUCINDA DAVIS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTLAND CO., MO. D

17. INFORMANT (ADDRESS) KATHLEEN PARMER KANSAS CITY, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE KAHOKA, MO. DATE DEC. 28, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) SPEED & BLAKEY PARIS, MO.
20. FILED 12-27, 1938 H. C. Payne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1938, to Dec 26, 1938
I last saw him alive on Dec 26, 1938. Death is said to have occurred on the date stated above, at 10:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rabies Premonitor	12/21/38

Other contributory causes of importance:

10 8

Name of operation ..... Date of .....
What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? [illegible]
If so, specify .....
(Signed) Geo. M. Ragsdale M. D.
(Address) PARIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-38-801
Date Filed 1-14-39

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. B. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.