REC'D JAN 11 1939

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

44029
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot 2 Registration District No. 653
(b) Township Braggadocio 1 Primary Registration District No. 5871 Registered No. 125
(c) City 1 (d) Street No. 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 11 yrs. 9 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margrett Alexander
(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Col	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Alex Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D.K.

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
About 80			

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 1

FATHER
13. NAME D.K.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. 9

MOTHER
15. MAIDEN NAME D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. 9

17. INFORMANT Arron White
(ADDRESS) Deering Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Deering Mo DATE 6--7-- 1938

19. FUNERAL DIRECTOR German Undt Co
(ADDRESS) Steele, Mo.

20. FILED Nov 18 1938 Jno Rhodes — Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6--6-- 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
No Medical Aid	

Other contributory causes of importance: 7 DDB

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

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? 9
If so, specify.....
(Signed) S. L. Robinson, M.D.
5'1 (Address) Steele Mo. Registered

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

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.

1 X12004

RECEIVED
District Health Officer No. 3
District File Number 38-35
Date Filed 12-16-38

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)