

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29684
Do not use this space.

REC'D SEP 19 1939

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Marion Primary Registration District No. 3039 Registered No. 234
 or City Hannibal (d) Street No. 1701 Thirty-fifth 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 20 yrs. mo. da. (f) How long in U.S., of foreign birth? yrs. mo. da.

2. PRINT FULL NAME

425 Jacob Keithley Alexander
 (a) Residence, No. 1701-35² St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Anna Alexander
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1858
 7. AGE YEARS 81 MONTHS 3 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
 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. Retired 25 years
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1939 to Aug 3, 1939
 I last saw him alive on Aug 3, 1939 Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:
myocardial failure
Lobar pneumonia (Slight)
 Date of onset _____
 Other contributory causes of importance: Influenza ||

12. BIRTHPLACE (CITY OR TOWN) Middletown, Missouri (STATE OR COUNTRY)

FATHER 13. NAME James Alexander

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Keithley

16. BIRTHPLACE (CITY OR TOWN) Ball's County, Missouri (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Anna Alexander, Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand View DATE August 5, 1939

19. FUNERAL DIRECTOR (NAME) Ray P. Schmitt (ADDRESS) Hannibal, Mo.

20. FILED Aug 8, 1939 W.C. Grisher Local Registrar

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? No
 If so, specify _____
 (Signed) E. A. Porter, D.Sc., D.D.
 (Address) 412 Center St. Hannibal, Mo.

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.

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, above space should be left blank.

