

NOV 20 1939

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

35503

Do not use this space.

1015

1. PLACE OF DEATH

(a) County Buchanan

Registration District No. 85

(b) Township

Primary Registration District No. 1001

(c) City St. Joseph

(d) Street No. 713 S. 7th.

St.

(e) Length of residence in city or town where death occurred 55 yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MYRTLE ALEXANDER

(a) Residence, No. 713 S. 7th.

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

White

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

S.A. ALEXANDER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23rd. 1875

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, ... hrs.
or min.

64

1

11

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Housewife

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) Bethany

(STATE OR COUNTRY)

Mo.

FATHER

13. NAME Wilson VaNatta

14. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Mo.

MOTHER

15. MAIDEN NAME Margaret Hodge

16. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Kentucky

17. INFORMANT S.A. Alexander

(ADDRESS) 713 S. 7th. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Auburn

DATE Oct. 7th. 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.

(ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED

Oct 7, 1939 H. J. Nottel
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4th, 1939

22. I HEREBY CERTIFY, That I attended decedent from

Sept 16, 1939, to Oct 3, 1939

I last saw her alive on Oct 3, 1939 Death is said

to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency

Date of onset

Other contributory causes of importance:

Cold & Bronchitis 2 weeks
arterial sclerosis 3 yrs

Name of operation

Date of

What test confirmed diagnosis? Clinical Autopsy? No

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 decedent? No

If so, specify

(Signed)

Charles H. Nottel (Address) 221 Hickory St. St. Joseph, Mo.

(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.

V. S. NO. 2.
50M-9-19-38
I X16605

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 C. H. Swan

Licensed Embalmer No. 4083

P. O. Address St. Joseph, Mo

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.