

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15844

State File No. _____

Registration District No. 718

Primary Registration District No. 6430

Registrar's No. 21

1. PLACE OF DEATH

- (a) County Putnam
(b) City or town Unionville
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Lifelong
years, months or days

3. (a) PRINT FULL NAME Amanda J. Alexander

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July 7-1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business house work

12. Name Wesley Alexander

13. Birthplace Do not know
(City, town, or county) (State or foreign country)

14. Maiden name Mary Demery

15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hester Alexander

(b) Address Unionville Mo

17. (a) Buried (b) Date thereof Apr 17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Liberty Cemetery

18. (a) Signature of funeral director J. H. Hester

(b) Address Unionville Mo

19. (a) April 17 (b) J. W. Hollman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Putnam
(c) City or town Unionville
(If outside city or town limits, write "RURAL")

(d) Street No. _____

(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1940 hour _____ minute 19 a.m.

21. I hereby certify that I attended the deceased from _____

Sept 11, 1939 to April 16, 1940

that I last saw her alive on April 16, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 4/10

broncho pneumonia

Due to _____

Due to _____

Other conditions anemia
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 J. W. Hollman (M. D. or other) DO

Address Unionville Date signed April 17

RECEIVED

District Health Officer No. 10

District File Number 5-40-985

Date Filed MAY 9 1940

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.....

J. M. Comstock, Registered Apprentice No. 132
working under my personal supervision.

Signed.....

J. M. Comstock

Licensed Embalmer No. 389

P. O. Address Unionville, 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.