

5. No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21039

State File No. _____

Registration District No. _____

Primary Registration District No. 3001

Registrar's No. 161

RECEIVED JUL 17 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution: 1106 E. Normal St.
(d) Length of stay: In hospital or institution 51 years
In this community 51 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(d) Street No. 1106 E. Normal St.
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Mary Elizabeth Alexander

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

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

6. (b) Name of husband or wife William Alexander 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 1, 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 19 Days 2 If less than one day, hr. _____ min. _____

9. Birthplace Smicksburg, Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Domesticity

12. Name Jacob Wilhelm

18. Birthplace Sweibruecken, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Thomas

15. Birthplace Dayton Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Hubbard
(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof July 4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem.

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirksville, Mo.

19. (a) July 5/40 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1940 hour 4:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 12, 1940, to July 2, 1940
that I last saw her alive on July 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Pneumonia

Due to _____

Due to _____

Other conditions Alcoholism on June 12/40
(Including pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy no

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? _____

3 While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature L. J. Coomer (M. D. or other) _____

Address Kirksville Date signed 7/12/40

RECEIVED

District Health Officer No. 10

District File Number 2-40-1443

Date Filed JUL 15 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.....

....., 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.