

Registration District No. 13/15 1940

Primary Registration District No. 40.22

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Purdy, Mo.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 years
years, months or days

8. (a) PRINT FULL NAME Ama G. Alexander 425

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 John W. Alexander 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased May 16, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>0</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

12. Name I. W. Williams

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Mary Painter

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

16. (a) Informant Blanche Alexander

(b) Address Purdy, Missouri

17. (a) Burial (b) Date thereof June 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdy Cemetery

18. (a) Signature of funeral director Horine-Culver

(b) Address Cassville, Missouri

19. (a) June 12, 1940 (b) Donald Blankenship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Purdy, Missouri
(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 June day 3rd.
year 1940 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 1st
_____, 1938, to June 30, 1940
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs

Due to hypertension

Due to arteriosclerosis

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

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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? _____

32 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Dr. J. D. Baskin (M.D. or other) 3
Address Purdy Mo. Date signed 6-12-40

RECEIVED

District Health Officer No. 8,

District File Number 740-1482,

Date Filed

JUL

0 2 1940

JUL 0 2 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

R Gordon Bennett

Registered Apprentice No.

250

working under my personal supervision.

Signed

G. E. Coker

Licensed Embalmer No.

3584

P. O. Address

Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank