

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22481

Registration District No. 114

Primary Registration District No. 5867

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Demisee
(b) City or town Barrel - Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R-2, Portageville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jessie B. Alexander

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

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

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased March - 26 - 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 0 hr. min.

9. Birthplace R-2, Portageville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

MOTHER FATHER { 12. Name Martin Alexander
13. Birthplace Hornhook, Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Steen Powers
15. Birthplace Drou, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Alexander

(b) Address R-2 Portageville, Mo.

17. (a) Burial (b) Date thereof 6/27/40
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director Portageville, Mo.

(b) Address Portageville, Mo.

19. (a) July 9, 1940 (b) Mary W. Cook
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demisee
(c) City or town Barrel
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1940 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 25 1940 to June 26 1940
that I last saw her alive on June 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Infectious Diarrhea Duration 1 week

Due to organism unknown

Due to _____

Other conditions Dehydration
(Include pregnancy within 5 months of death)

Major findings: Of operations 11/9/40
Of autopsy _____

PHYSICIAN

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? 5

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

23. Signature John Killian (M. D. or other) 1
Address Portageville, Mo. Date signed 7-4-40

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

7-40-33

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 _____

Not Embalmed, 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.