FILED OCT 12 1940

No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31807

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 99

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

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 702 WATER STREET (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ 20 (Specify whether
In this community 43 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Cooper.
(c) City or town Pilot Grove (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.

3. (a) PRINT FULL NAME ALEXANDER-GIVENS
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Celia Givens
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept (Month) 3 (Day) 1873 (Year)

8. AGE: Years 67 Months — Days 14 If less than one day — hr. — min.

9. Birthplace Roachport (City, town, or county) MO. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ✓
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Leola Shelby
(b) Address Boonville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept (Month) 20 (Day) 1940 (Year)
(c) Place: burial or cremation Wesley Chapel Cemetery
18. (a) Signature of funeral director P E Hays
(b) Address Hays-Painter Co-Pilot Grove, Mo
19. (a) 9-19-40 (Date received local registrar) (b) D E Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1940 hour 10 minute 8 M.

21. I hereby certify that I attended the deceased from 5-12-, 1940, to 9-17-, 1940; that I last saw him alive on 5-12-, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Dilitation & Myocarditis	4 Mo
Due to Arteriosclerosis	20 Yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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

23. Signature J. O. Boley (M. D. ~~or other~~)
Address Pilot Grove, Mo Date signed 9-18-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-9-40

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. 3074

P. O. Address _____

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

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