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

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

FILED OCT 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32034

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 751

1. PLACE OF DEATH:
(a) County GREENE.
(b) City or town SPRINGFIELD.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2210 TRAVIS
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2210 N. TRAVIS.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARY EMMA ALEXANDER.

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Wm B. Alexander
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Sep (Month) 9 (Day) 1862 (Year)

8. AGE: Years 78 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation House Work 1
11. Industry or business In home 9
FATHER
12. Name Jesse Goss
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Unknown Small
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Wm B. Alexander
(b) Address Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) Sept. 18, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 15th year 1940 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Aug 31, 1940, to Sept 12, 1940 that I last saw her alive on September 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis non-specific — Duration 2 wks
Due to 92 W
Due to
Other conditions Chr Endocarditis Arterio-sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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? 0.64 (Specify type of place)
While at work? (e) Means of injury

23. Signature Arthur O Knabb (M. D. or other) MD
Address 450 1/2 E. Court Date signed 9/31/40

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Stone Jr., Registered Apprentice No. 232 working under my personal supervision.

Signed Warren D Noblett

Licensed Embalmer No. H005

P. O. Address Springfield M

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.