

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32160
 Do not use this space.

1. PLACE OF DEATH
 (a) County Howard Registration District No. 378
 (b) Township Burton Primary Registration District No. 5528
 (c) City _____ (d) Street No. _____ Registered No. 62
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Harold named Judy Alexander
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 7, 1940

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
				<u>3 hrs. 30 min.</u>

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County, Missouri

FATHER
13. NAME Harold Alexander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co., Mo.

MOTHER
15. MAIDEN NAME Doris Dougherty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co., Mo.

17. INFORMANT (ADDRESS) Mrs. Mason, Howard Co., Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Burial DATE Sept. 5, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Buried by parents at Friendship Cemetery

20. FILED Sept 7, 1940 J.C. Richards by reg. V
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1940 to Sept. 5, 1940
 I last saw her alive on Sept. 4, 1940 Death is said to have occurred on the date stated above, at 1:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Premature, 7 month

Other contributory causes of importance: Undeveloped 154

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Jules Richards, M. D.
 (Signed) _____ (Address) Fayette, Missouri

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

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.....

P. O. Address.....

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

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