

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32761

State File No.

Registration District No. 653

Primary Registration District No. 5864

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hart Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mi. west of Hart
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 5 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME BELLE 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 Married
6. (b) Name of husband or wife W.B. ALEXANDER 6. (c) Age of husband or wife 54 years
7. Birth date of deceased AUGUST 25 1886
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Calloway County Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 1

12. Name William Edmonds

13. Birthplace Calloway County Ky
(City, town, or county) (State or foreign country)

14. Maiden name Namie Lebron

15. Birthplace Calloway County Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Ellie B. Mallory

(b) Address Hart Mo.

17. (a) Removal (b) Date thereof Sept 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murray Ky

18. (a) Signature of funeral director Churchill Funeral Home

(b) Address Murray Ky

19. (a) 9-25 1940 (b) Pearl Kelley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1940 hour 12 minute 30.4 M.

21. I hereby certify that I attended the deceased from Sept 24
_____, 1940 to only, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Natural Insufficiency ??

Due to Probably Toxic Shock
and Euth & Rheumatism

Due to 1. Keloid

Other conditions Probably Bright disease
(Include pregnancy within 3 months of death) years

Major findings:

Of operations

Of autopsy None

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9411 Home - While asleep

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature William H. Pitt (M. D. or other) 1

Address Hart Date signed 9-24-40

10-40-4

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.....

Jack Kelly

Licensed Embalmer No. 3788

P. O. Address Hayti Mo.

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, fact should be so stated above.