

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42409**

JAN 13 1940 289

Primary Registration District No. **4173**

Registrar's No. **60**

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Malden**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **L** (Specify whether
In this community **L** years, months or days **2**)

3. (a) PRINT FULL NAME **Alice Alexander**

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

4. Sex **Female** 5. Color or race **w.** 6. (a) Single, widowed, married, divorced **Wid**
6. (b) Name of husband or wife **L** 6. (c) Age of husband or wife if alive **15, 1876** years (Day) (Year)

7. Birth date of deceased **avr.** (Month) (Day) (Year)
8. AGE: Years **64** Months **8** Days **6** If less than one day hr. min.

9. Birthplace **Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeping**

11. Industry or business **Home**

12. Name **Bob Crafton**

13. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

14. Maiden name **L**

15. Birthplace **L** (City, town, or county) (State or foreign country)

16. (a) Informant **Daughter Mrs. Templeton**

(b) Address **Malden**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 23, 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Louis**

18. (a) Signature of funeral director **E. Landers Funeral**

(b) Address **Compell, Mo.**

19. (a) **12/31/1940** (Date received local registrar) (b) **St. Mitchell** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Dunklin**
(c) City or town **Malden** (If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** 21 - year **1940** hour **6 P.M.** minute M.

21. I hereby certify that I attended the deceased from **Jan 1** 19**38**, to **Dec 21** 19**40**; that I last saw him alive on **Dec 21** 19**40**; and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Due to **Coronary Sclerosis**

Due to **L**
Other conditions **42 C**
(Include pregnancy within 3 months of death)

Major findings: Of operations **L**
Of autopsy **L**
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?

23. Signature **Benjamin Crafton** (M. D. or other) **20**
Address **Malden** Date signed **Dec 23 1940**

RECEIVED

District Health Officer No. 2

District File Number 141-22

Date Filed 1/8/41

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.