

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

State File No. **3025**

Registration District No. **411**

Primary Registration District No. **5569**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **JASPER**
(b) City or town **Joplin "Rural"**
(c) Name of hospital or institution: **Joplin R.F.D. 3**
(d) Length of stay: In hospital or institution **7 months**
In this community **7 months**

3. (a) PRINT

FULL NAME **BARBARA ALEXANDER**

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex **Female**
5. Color or
race **White**

6. (a) Single, widowed, married,
divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive years

7. Birth date of deceased: **June**
(Month)

1 **1940**
(Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	7	2	hr. min.

9. Birthplace **Joplin**
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation **Child**

11. Industry or business

12. Name **James Alexander**

13. Birthplace **Springfield**
(City, town, or county)

Missouri
(State or foreign country)

14. Maiden name **Lillie Reese**

15. Birthplace **Joplin**
(City, town, or county)

Missouri
(State or foreign country)

16. (a) Informant **James Alexander**

(b) Address **Joplin, Missouri**

17. (a) **Buried** (b) Date thereof **Jan 6 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **Langley Mortuary**

(b) Address **1522 Joplin St Joplin, Mo**

19. (a) **1-4-41** (b) **Ed Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **JASPER**
(c) City or town **Joplin "Rural"**
(d) Street No. **R.F.D. 3**
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **7**
year **1941** hour **4** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **Jan 2-1941**
to **Jan 7-1941**
that I last saw her alive on **Jan 7-1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to **108**

Other conditions **General Collapse**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

23. Signature **Ed Jones** (or other)
Address **1521 Porter** Date signed **1/5-1941**

41-2-177

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

F. M. Jones

Licensed Embalmer No.

2319

P. O. Address

Joplin 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.