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State File No. _____

Registrar's No. 7

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE

APR 17 1941

Registration District No. 614

Primary Registration District No. 4324

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Newtonia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Newtonia
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Thomas Alexander

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 17
year 1941 hour 4 minute 00 P. M.

4. Sex M 5. Color or race W

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 JAN 2 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 15, 1941, to Mar. 17, 1941, that I last saw him alive on Mar. 16, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 2 Days 15 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Last Occupation Carpenter

11. Industry or business _____

12. Name Geo. C. Alexander

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

14. Maiden name Alicey Medline Deik

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

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant's own signature Mary Munkell

(b) Address Newtonia Mo.

17. (a) BURIAL (b) Date thereof 3-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEWTONIA I. O. O. F.

18. (a) Signature of funeral director Wm. Morris Payne

(b) Address Wheaton, Mo.

19. (a) AM 41 (b) W. R. Adams
(Data received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. P. Edmundson (M. D. or other) _____

Address Wheaton Mo. Date signed 3/17/41

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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.

REV. 8-17-39
D-1 119311

RECEIVED

District Health Officer No. 61

District File Number 441-623

Date Filed APR 13 1941

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.....

Wm Morris Cozue....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wm Morris Cozue*.....

Licensed Embalmer No. *347*.....

P. O. Address *Wester 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, above space should be left blank.