

AUG 7 1941 496

Registration District No.

Primary Registration District No. 3025Registrar's No. 61

1. PLACE OF DEATH:

(a) County Lynn
(b) City or town Brookfield Mo
(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 _____ (Specify whether

In this community 60 years! years, months or days)3. (a) PRINT FULL NAME Dora Belle Alexander3. (b) If veteran, name war. no 3. (c) Social Security No. none4. Sex F! 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

7. Birth date of deceased May 30 1959
(Month) (Day) (Year)8. AGE: Years 82 Months 1 Days 25 If less than one day _____ hr. _____ min.9. Birthplace Kirkville Mo.
(City, town, or county) (State or foreign country)10. Usual occupation At home

11. Industry or business

12. Name Lee S. Alexander13. Birthplace Middle Tenn
(City, town, or county) (State or foreign country)14. Maiden name Nancy S. Jurney15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ray S. McElhiney(b) Address Brookfield Mo17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1941
(Month) (Day) (Year)(c) Place: burial or cremation Brookfield Mo.18. (a) Signature of funeral director Frank Bowden(b) Address Brookfield Mo19. (a) 7/27/41 (Date received local registrar) (b) Frank Bowden (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lynn(c) City or town Brookfield Mo
(If outside city or town limits, write "RURAL")(d) Street No. 121 W. Wood
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour 7:30 minutes 30 P. M.21. I hereby certify that I attended the deceased from 7-1-41
7-24 1941, to 7-29 1941;
that I last saw her alive on 7-29 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary tuberculosis Duration Several
Years

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations NoneOf autopsy None

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? _____

While at work? _____ (Specify type of place) MEANS of injury _____

23. Signature Ray S. McElhiney (M. D. or other) _____Address Brookfield Mo Date signed 7-27

DEC 24 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Homer Dawkins*

Licensed Embalmer No. *3295*

P. O. Address. *Brookfield 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.