

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10977

State File No.

FILED APR 13 1942

Registration District No. 477

Primary Registration District No. 2002

Registrar's No. 100 92

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St Johns Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 hours**
(Specify whether
In this community **6 mos**
years, months or days)

3. (a) PRINT FULL NAME **Fred Garland Alexander**

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

4. Sex **Male** 5. Color or race **B** 6. (a) Single, widowed, married, divorced **N**

6. (b) Name of husband or wife **-----** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **Sept. 10, 41**
(Month) (Day) (Year)

8. AGE: Years **1** Months **6** Days **6** If less than one day hr. min.

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

10. Usual occupation **---**

11. Industry or business **---**

12. Name **Fred A Alexander**
13. Birthplace **Neosha Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Nola May Owens**
15. Birthplace **Midland Ark**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Alexander**
(b) Address **Joplin Mo.**

17. (a) **Burial** (b) Date thereof **3 17 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkway**

18. (a) Signature of funeral director **Hurlbut Und. Co.**
(b) Address **Joplin Mo.**

19. (a) **3-18-42** (b) **Arthur Chedochter**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** 049
(c) City or town **Joplin** 3
(If outside city or town limits, write "RURAL")
(d) Street No. **214 Galena**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **16**
year **1942** hour **11-15** minute **A** M.

21. I hereby certify that I attended the deceased from **3-13** to **3-16**, 19**42**
that I last saw him alive on **3-16** and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia (double)**
Due to **---**
Due to **---**

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

Major findings: **108**
Of operations **---**
Of autopsy **---**

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 **Stult** (M. D. or other) **MD**
Address **Grisco Bldg** Date signed **3/17/42**

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

42.3.253

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

Perry K. Hurlbut

Licensed Embalmer No.

959

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.