

Rev. 5-17-39
1 x 101

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.

DEPARTMENT OF COMMERCE
(BUREAU OF THE CENSUS)
FILED APR 5 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11195

State File No.

Registration District No. 490

Primary Registration District No. 5649

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Elsherry Rural
(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 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mattie Alexander

8. (b) If veteran, name war _____ 8. (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 January 8 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

FATHER { 12. Name Reid Alexander

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

MOTHER { 14. Maiden name Sarah Jane Finely

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

16. (a) Informant's own signature Stella Alexander

(b) Address Elsherry Mo R.F.D. 1

17. (a) _____ (b) Date thereof Mar 31 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reid Cem.

18. (a) Signature of funeral director Clifton Miller

(b) Address Elsherry Missouri

19. (a) 3/5-1942 (b) Elsherry Missouri
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 05
(c) City or town Rural Elsherry
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1942 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from 2/28, 1942 to 3/1, 1942
that I last saw her alive on 3/1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 36 hr

Due to Arterio-sclerosis

Due to _____

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 932

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)
(e) Means of injury _____

23. Signature J. B. Hoeger (M. D. or other) MD
Address Elsherry Mo Date signed 3/1/42

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, above space should be left blank.