No. 2
4-13-40
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21158

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1942

State File No.

Registration District No. 20-9314 Primary Registration District No. 5429 Registrar's No. 71

1. PLACE OF DEATH:
(a) County Gentry - Cooper twp
(b) City or town Darlington 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 (Specify whether
In this community 11 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 38
(a) State Mo (b) County Gentry
(c) City or town Darlington Rural
(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.

3. (a) PRINT FULL NAME Mrs Winnie E. Alexander

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Frank Alexander
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Jan 10 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Casey co KY (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Farm
FATHER
12. Name Jones Turner
13. Birthplace Unk KY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) (State or foreign country)
16. (a) Informant Frank Alexander
(b) Address Darlington Mo R2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Raymond Mo
18. (a) Signature of funeral director Latonya Pyle(?)
(b) Address Stanberry Mo
19. (a) 7/7/42 (Date received local registrar) (b) Homer W. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1942 hour 12 minute 4 M.
21. I hereby certify that I attended the deceased from Apr 24, 1942, to July 5, 1942,
that I last saw her alive on July 4, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature C. N. Williams (M. D. or other) DO.
Address Gentry Mo Date signed 7/6/42

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

(Licensed Embalmer's Statement on Reverse Side)
1108 Louis M. ...

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 Laton H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stanberry MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.