

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27120

FILED SEP 8 1942

State File No. _____

Registration District No. _____

Primary Registration District No. 5448

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Rural Huggins
(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 All his life
years, months or days

3. (a) PRINT FULL NAME Clarence Scott Alexander

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edith 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased March 8 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 4 23 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name John Alexander
13. Birthplace Gentry County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Lykins
15. Birthplace Gentry County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Scott Alexander
(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof Aug 4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Church
18. (a) Signature of funeral director W. J. Lykins
(b) Address Albany, Mo.

19. (a) Aug 5-1942 (b) Robert W. Lykins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Rural Huggins Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____
that I last saw him immediately on July 31, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis
Duration 1 day

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? _____

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

23. Signature C. J. Pray (M. D. or other) _____
Address Albany, Mo. Date signed 8-5-42

(Licensed Embalmer's Statement on Reverse Side)

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 me
....., 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, fact should be so stated above.