

FILED 3-10 10 1942
Registration District No. 270

Primary Registration District No. 2050

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Robie Louise Alexander

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced. 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased August 13, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 4 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name James Alexander
13. Birthplace Memphis, Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Mae Wiggins
15. Birthplace Dover, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant James Alexander
(b) Address Caruthersville, Mo.

17. (a) burial (b) Date thereof 8/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, MO.

18. (a) Signature of funeral director P. S. Smith
(b) Address Caruthersville, Mo.

19. (a) Aug 18 - 1942 (b) Jessie W. Marney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th,
year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from
Aug. 18 - 1942, to Aug. 18 - 1942
that I last saw her alive on Aug. 18 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Convulsions Duration 1 day
Due to not determined

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: J. B. PHYSICIAN
Of operations.....
Of autopsy.....
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. P. Union (M. D. or other)
Address Caruthersville, Mo. Date signed 8-18-42

9-42-21

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STATEMENT BY LICENSED EMBALMER

Not

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ by me, ~~and~~.....

Body was not embalmed.....

Registered Apprentice No.

working under my personal supervision.

Signed.....

James A. Osburn

Licensed Embalmer No. **4185**.....

P. O. Address **Caruthersville, 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.