

FILED NOV 10 1942

Registration District No. 266

Primary Registration District No. 5-9-0-2-1

State File No.

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Pennecot  
(b) City or town Portageville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Andrew Twp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT  
FULL NAMEJames Alexander

3. (b) If veteran,
- 
- name war \_\_\_\_\_

3. (c) Social Security
- 
- No. \_\_\_\_\_

4. Sex Male 0 5. Color or race W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased 12 16 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 3 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace
- unknown
- 9
- 
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Farmer

11. Industry or business \_\_\_\_\_

12. Name I don't know  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Mary Clayton  
15. Birthplace Clifton Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Welch  
(b) Address Portageville Mo  
17. (a) Burial (b) Date thereof 4-1-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director H. C. Dean  
(b) Address Portageville  
19. (a) 10-31-42 (b) J. S. Creamer  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pennecot  
(c) City or town Portageville  
(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 3 day 31  
year 1942 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 21 1942 to Mar 31 1942  
that I last saw him alive on Mar 28 1942  
and that death occurred on the date and hour stated above.

- Immediate cause of death Hypostatic pneumonia 16 days  
Due to Cerebral Apoplexy 10 days  
Due to Arteriosclerosis 10-15 yrs

- Other conditions none  
(Include pregnancy within 3 months of death)

- Major findings:  
Of operations none  
Of autopsy none

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 H. C. Dean (M. D. or other) M.D.  
Address Portageville Mo Date signed 4-1-42

1540 (Licensed Embalmer's Statement on Reverse Side)

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

11-42-66

### 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.....

*Not Embalmed*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Noel C. Dean*

Licensed Embalmer No. *3941*

P. O. Address.....

*Portageville*

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 34461Registration District No. 268Primary Registration District No. 5829

Registrar's No. ....

## 1. PLACE OF DEATH:

- (a) County Pemiscot  
(b) City or town 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, years, months or days)

## 3. (a) PRINT FULL NAME

JAMES ALEXANDER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. W

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 10 years

7. Birth date of deceased. Dec 10 1942  
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 10 If less than one day min.

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

## 10. Usual occupation

## 11. Industry or business

## 12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

## 16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

## 18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

- (c) City or town (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 March Day 19 Year 1942 Minute 10 M.

21. I hereby certify that I attended the deceased from 10 to 10, 1942

that I last saw him alive on 10, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Duration 6 daysneurofibroma (branched)Due to cerebral apoplexy 10 daysDue to arteriosclerosis 10-15 yrsOther 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)

- (b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature (M. D. or other)

Address Date signed

1942  
S-34461