

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 18 1943
Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora

(c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Four days
(Specify whether years, months or days)

In this community Seven months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laurance ⁵⁵

(c) City or town Verona Route 2
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Nettie Joan Alexander

3. (b) If veteran, name war none

3. (c) Social Security No. NOBE

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, infant

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 12 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

7 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Joe Alexander

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

14. Maiden name Genevieve Knight

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

16. (a) Informant Joe Alexander

(b) Address Verona Mo. Route, 2

17. (a) Burial (b) Date thereof 12/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Paul F. Stahl

(b) Address 229 west church Aurora Mo.

19. (a) 12-9-1942 (b) Amice Greene
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1942 hour 3 minute 35 A.M.

21. I hereby certify that I attended the deceased from Dec 3 1942 to Dec 8 1942
that I last saw her alive on Dec 7-42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis
resulting from
middle ear
Due to abscess - art d
acute also colitis ^{5 days}

Due to _____

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

Major findings:
Of operations 119a

Of autopsy _____

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 Neil Smith (M. D. or other)
Address 12 N. Pleasant Aurora Date signed 12/9/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
42
-39
C32873

1156

RECEIVED

District Health Officer No. 61

District File Number 143-90

Date Filed 1-11-43

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

was not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed

Oliver L. Marsh

Licensed Embalmer No. 3872

P. O. Address

Oliver L. Marsh

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.