

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13557

State File No. ....

Registrar's No. 19

FILED APR 30 1948

Registration District No. 13

Primary Registration District No. 3003

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

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Panzy Ruth Alexander

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

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

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

7. Birth date of deceased December 7 - 1930  
(Month) (Day) (Year)

8. AGE: Years 12 Months 23 Days 23 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name Floyd Clarence Alexander

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

14. Maiden name Pearl Raines

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

16. (a) Informant Mrs. Floyd C. Alexander

(b) Address Finco Ave., Monett Mo.

17. (a) Burial (b) Date thereof 4-1-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Prairie Cem. Barry Co. Mo.

18. (a) Signature of funeral director Callaway - Monett Mo.

(b) Address Callaway - Monett Mo.

19. (a) April 1st 1943 (b) Audma Willoughby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Monett  
(If outside city or town limits, write "RURAL")  
(d) Street No. Finco Ave  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year. .... hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 30 1943, to March 30 1943, that I last saw her alive on March 30 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture Duration 45 Minutes

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 1700 lb 21

Major findings: Of operations .....

Of autopsy .....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 105

(b) Date of occurrence 3/30/43

(c) Where did injury occur? Monett Barry Mo  
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury Hit by Car

23. Signature Frank Allen M.D. (M. D. or other)

Address Monett Mo Date signed 3/31/43

1320

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 6,  
District File Number 1143-556  
Date Filed APR 29 1943

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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

*J. M. Buchanan*

Licensed Embalmer No. 3179

P. O. Address

*Monett 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.