

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15157**

Registrar's No. **23**

J APR 16 1943

Registration District No. **295**

Primary Registration District No. **4443**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Huntsville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **North Main Street**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ara Fanny Alexander**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Rev. F. L. Alexander** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **August 6 1865**
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **25** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Samuel Pollard**
13. Birthplace **Monroe County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Malissa Williamson**
15. Birthplace **Monroe County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rev. F. L. Alexander**
(b) Address **Huntsville, Missouri**
17. (a) **burial** (b) Date thereof **4/2/1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bowling Green, Mo.**

18. (a) Signature of funeral director **Tom B. Patton**
(b) Address **Huntsville, Mo.**
19. (a) **4-2-43** (b) **Thos. P. O'Drury**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31**
year **1943** hour **8:35 P.M.** minute **M.**

21. I hereby certify that I attended the deceased from **July 1 1940** to **March 31 1943**
that I last saw her alive on **March 31 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic CA of Descending Colon - from old CA 4 mos. of Left Kidney - removed in Dec - 1941**

Due to **of Left Kidney - removed in Dec - 1941**
Due to **of Left Kidney - removed in Dec - 1941**
Other conditions **Emphysema - P. chest**
(Include pregnancy within 3 months of death)
Thoracotomy - Feb 10, 1943
Major findings: **none**
Of operations **none**

Of autopsy **none** **52A**
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? _____
(Specify type of place)
While at work? (e) Means of injury _____

23. Signature **P. D. Dwyer** (M. D. or other) **M. D.**
Address **Huntsville, Mo.** Date signed **4/2/43**

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

MOTHER FATHER

1037

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.

RECEIVED

District Health Officer No. 10

District File Number 4-43-765

Date Filed APR 15 1943

Signed.....

Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address.....

Huntsville, 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.