

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 19281

FILED JUN 11 1943

Registration District No. 1-79-3Primary Registration District No. 381-179

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Sullivan
(b) City or town Pollock
(c) Name of hospital or institution: V.I.
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether)
In this community most of life
years, months or days

3. (a) PRINT FULL NAME Irene Rebecca Alexander

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Berry Alexander 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 (Month) 16 (Day) 1862 (Year)

8. AGE: Years 81 Months 2 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Sullivan (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation Housewife on farm

11. Industry or business on farm

12. Name George Owens

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

14. Maiden name Letha Page

15. Birthplace Ky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Duke Alexander

(b) Address Adrian Castle Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Wesley E. Fentz, D.D.

(b) Address Green City, Mo.

19. (a) May 15 1943 (Date received local registrar) (b) Mrs. D. Green (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Sullivan
(c) City or town Pollock
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1943 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Dec. 25, 1942 to May 18, 1943
that I last saw her alive on May 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility and
anemia

Due to chronic nephritis

Due to thrombosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/18

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 J. C. Roberts (M. D. or other) 1/18/43

Address Pollock, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 6-43-1045

Date Filed JUN 9 1943

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 Archib W Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.