

FILED OCT 13 1943 156

Registration District No.

Primary Registration District No. 2001

Registrar's No. 529

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LINDA JANE ALEXANDER

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, Divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Sept 6 1943
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name Leo Alexander
13. Birthplace Ark
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Bell
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Alexander
(b) Address Galena, Kans.

17. (a) Burial (b) Date thereof 9-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galena Mo

18. (a) Signature of funeral director Boice Under
(b) Address Galena, Kans.

19. (a) 9-18-43 (b) Hertude Sudhutter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shrooke 999
(c) City or town Galena
(If outside city or town limits, write "RURAL")
(d) Street No. 1206 East 7th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17, year 1943 hour 1:30 M.

21. I hereby certify that I attended the deceased from 9/16/43 to 9/17/43, 19...; that I last saw her alive on 9/16/43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
infant 7mo wt 2 pounds
4/10y
Due to Underdevelopment

Due to

Other 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)
(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 P. C. Whitely M.D. (M. D. or other)
Address 304 Frisco Bldg. Joplin Mo Date signed 9/18/43

43-9-707

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Rex N. Shewmake
Kans.

Licensed Embalmer No.

1998

P. O. Address

Galena, 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.