

34044

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10-2
5-42
17-39
X3267

FILED NOV 10 1943 27

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 61

1. PLACE OF DEATH:

(a) County BATES
(b) City or town RIO-BOTLER-MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BATES CO HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 YEARS
(Specify whether years, months or days)
In this community years, months or days

3. (a) PRINT FULL NAME AMANDA ALEXANDER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 20 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation X

11. Industry or business

12. Name Wm. Alexander
13. Birthplace Brown Co OHIO
(City, town, county) (State or foreign country)
14. Maiden name Elizabeth
15. Birthplace Macoupin Co Illinois
(City, town, county) (State or foreign country)

16. (a) Informant Geo. Fenton

(b) Address Adrian Mo

17. (a) Burial (b) Date thereof 10-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hall

18. (a) Signature of funeral director Booth's

(b) Address Butler Mo

19. (a) Oct 9, 1943 (b) Kulise Crompton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BATES
(c) City or town RURAL - ~~Butler~~
(If outside city or town limits, write "RURAL")
(d) Street No. COUNTY HOME
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 7TH
year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 6 to Oct 7
that I last saw h. E. K. alive on Oct 6
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia

Due to

Due to Fracture Right Hip

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

Major findings: Of operations Fall at old Peoples

Of autopsy Home

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

(a) Accident, suicide, or homicide (specify) 007

(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 0

23. Signature Chas. H. Lule (M. D. or other)

Address Butler Mo Date signed 10/9/43

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

RECEIVED

District Health Officer No. 7.

District File Number 10-43-1211

Date Filed 9-11-43

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

Signed John G Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 27

Primary Registration District No. 5096

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural near Pleasantburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Amanda Alexander
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex ✓ 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 20 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I have seen him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Broncho pneumonia Duration _____

Due to _____

Due to Fracture Right (Hip)

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

Major findings: Of operations Fell bad old peoples home

Of autopsy Feb 20 1943

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

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

(b) Date of occurrence Sept. 14, 1943

(c) Where did injury occur? County Home (City or town) (State)

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

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Castro A. Lucas (M. D. or other) Sept 17 1943

Address Bates, Mo. Date signed _____

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

SUPPLEMENTARY

34044.