

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 18 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38754**  
Registration District No. **238**  
Primary Registration District No. **5821**  
Registrar's No. **56**

1. PLACE OF DEATH:

(a) County **New Madrid**  
(b) City or town **Matthews, Mo. Rfd #2**  
(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 **4 Days** (Specify whether years, months or days)  
In this community **4 Days**

3. (a) PRINT FULL NAME **Wilson Albert Alexander**

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

4. Sex **M** 5. Color or race **col** 6. (a) Single, widowed, married, divorced **- 0**  
6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **3** years (Month) (Day) (Year)  
7. Birth date of deceased **Oct 3 1943** (Month) (Day) (Year)

8. AGE: Years **-** Months **-** Days **4** If less than one day **hr. min.**

9. Birthplace **Matthews, Mo.** **Mo. 0** (City, town, or county) (State or foreign country)

10. Usual occupation **-**

11. Industry or business **-**

MOTHER FATHER { 12. Name **Milton Alexander**  
13. Birthplace **Osceola Ark** (City, town, or county) (State or foreign country)  
14. Maiden name **Iera Applewhite**  
15. Birthplace **Jackson Tenn** (City, town, or county) (State or foreign country)

16. (a) Informant **J. A. Alexander**  
(b) Address **Rfd #2 Matthews, Mo**  
17. (a) **Burial** (b) Date thereof **10/8/43** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sikeston, Mo.**  
18. (a) Signature of funeral director **Hunter Albritton**  
(b) Address **Sikeston, Mo.**  
19. (a) **Nov 3, 1943** (b) **Alia Spiller** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Scott**  
(c) City or town **Matthews, Mo.** (If outside city or town limits, write "RURAL")  
(d) Street No. **RFD. #2** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **8**  
year **1943** hour **8:00** minute **A.M.**

21. I hereby certify that I attended the deceased from **1943** to **1943**  
that I last saw him **alive on** **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **No Medical attention my all record death was due to Premature Child.**  
Due to **159**  
Due to **159**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **159**  
Of autopsy **159**  
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 **3**  
23. Signature **Les Hedges with Deputy Coroner**  
Address **St. Louis, Mo.** Date signed **10/12/43**

RECEIVED

District Health Office No. 2,

District File Number 1143-1470

Date Filed 11-15-43

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.....

Not Embalmed

Registered Apprentice No. ....

working under my personal supervision.

Signed

Hunter Albrighton

Licensed Embalmer No. 4210

P. O. Address Sixteen

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.