

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 7 1944

Registration District No. _____

Primary Registration District No. 3019

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett
(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: _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

(c) City or town Kennett
(If outside city or town limits, write "RURAL")

(d) Street No. 200 Lee St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SIRENA ALEXANDRIA

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28
year 1943 hour 2 minute 0 M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan. 12 - 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
unattended by a Physician
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 11 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis

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

Due to Arteriosclerosis 5 years
Hypertension 10 years
Due to acute alcoholism 3 years

10. Usual occupation Housewife

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

11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Henry Craig

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

14. Maiden name Lucile Ingauld

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

16. (a) Informant Ernest Craig

(b) Address Kennett

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

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? _____

18. (a) Signature of funeral director Lucile Ingauld

(b) Address Kennett

19. (a) 12/18/43 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

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

23. Signature George J. Culver (M, D, or other) _____
Address Coronad of Dunklin Date signed 12-3-43

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

75
2
2

RECEIVED

District Health Office No. 2

District File Number 144-8

Date Filed 1-5-44

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 *Walter A. Heubers*

Licensed Embalmer No. *2002*

P. O. Address *Ken netl no*

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.