

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 102447

FILED JAN 14 1944
Registration District No. 770

Primary Registration District No. 3033

Registrar's No. 53

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 118 N MONROE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 YRS. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA M. 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 MARRIED
6. (b) Name of husband or wife J. F. Alexander 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased MARCH 18 1865 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 18 If less than one day hr. min.

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

10. Usual occupation RETIRED HOUSE WIFE

11. Industry or business

MOTHER FATHER { 12. Name J. H. New House
13. Birthplace Delaware Co. OHIO (City, town, or county) (State or foreign country)
14. Maiden name ISABELLE RYSON
15. Birthplace Delaware Co. OHIO (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Geo. Weisgerber
(b) Address LEBANON MO
17. (a) BURIAL (b) Date thereof 12-10-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON

19. (a) Dec 31-43 (b) Grace Roper (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
(c) City or town LEBANON (If outside city or town limits, write "RURAL")
(d) Street No. 118 N MONROE (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1943 hour 12:30 minute A.M.

21. I hereby certify that I attended the deceased from Dec 5 1943, to Dec 6 1943

that I last saw her alive on Dec 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death The Pneumonia

Due to

Due to

Other conditions 33a (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

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. L. Brumage (M. D. or other)
Address Lebanon Mo. Date signed 12-10-43

(Licensed Embalmer's Statement on Reverse Side)

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

Received

Laclede County Health Unit

File No. 12-43-180.....

Date Filed.....1-12-44.....

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.....*Allyn Dethage*.....

Licensed Embalmer No. 4333.....

P. O. Address.....*Lebanon 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.