

FILED JUL 13 1944
Registration District No. 227

Primary Registration District No. 4339

State File No.

Registrar's No. 35

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
E. LOCKST ST
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. E. LOCKST ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME MINNIE GRIMES ALEXANDER

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

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife JOHN ALEXANDER
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased MAY 31 1970
(Month) (Day) (Year)

8. AGE: Years 74 Months 03 Days 09
If less than one day _____ hr. _____ min.

9. Birthplace MONROE COUNTY Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name GRANVILLE P. GRIMES
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name MILDRED GWYNN
15. Birthplace MONROE Co., MO (City, town, or county) (State or foreign country)

16. (a) Informant Juanita A. Ellington
(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof JUNE 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed Atkinson
(b) Address Paris, Missouri

19. (a) 6-10-44 (b) M. G. Galt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 10
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2 1944 to June 10 1944
that I last saw her alive on June 10 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Due to Paralytic rigidity
Due to _____

Duration

1 Day

Other conditions (Include pregnancy within 3 months of death) 94

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury 0

23. Signature W. M. Ruffin (M. D. or other) _____
Address Paris, Mo Date signed 6-10-44

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

RECEIVED

District Health Officer No. 10

District File Number 7-44-1311

Date Filed JUL 12 1944

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..... A. S. Blakey.....

Licensed Embalmer No. 2614.....

P. O. Address..... Paris, Missouri.....

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.