

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED AUG 30 1944

27629

Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 106
(b) Township Holcomb Primary Registration District No. 4178
(c) City Holcomb or Holcomb (d) Street No. Cochran Hospital Registered No. 17
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mo. da. (f) How long in U. S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME

Rendall Glen Alexander
(a) Residence, No. Hayti, Mo. St. Hayti, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1944
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 0
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayti, Missouri

13. NAME Jesse White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah Tennessee

15. MAIDEN NAME Montrve Alexander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah Tennessee

17. INFORMANT (ADDRESS) Almeta Alexander Hayti, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Not Zion Bury DATE July 4, 1944

19. FUNERAL DIRECTOR (NAME) (ADDRESS) German B. Home
Hayti, Mo. B. 121

20. FILED 8-20-44 19 Bernice Wilson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3 1944

22. I HEREBY CERTIFY, That I attended deceased from July 3 1944 to July 3 1944
I last saw him alive on July 3 1944 Death is said to have occurred on the date stated above, at 6:15 p.m.
The principal cause of death and related causes of importance were as follows:

Marasmus due to pyloric stenosis

Other contributory causes of importance: 16
10

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) Glen H. Springer
(Address) Holcomb, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.