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Rev. 5-17-39
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30438

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 22 1944

Registration District No. 25

Primary Registration District No. 3004

Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Elmlawn Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 36 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. RED #1
(If rural, give location)

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

3. (a) PRINT FULL NAME ALICE ARCHER DEXTER

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 Widowed

6. (b) Name of husband or wife Harry H. Dexter

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

7. Birth date of deceased: March 19 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>4</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Fairbury, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Archer

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

14. Maiden name Mary Huey

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

16. (a) Informant Mrs. Alva A. Rudolph

(b) Address St. Paul, Minnesota

17. (a) Burial (b) Date thereof 8-17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 8-15-44 (b) Martha River
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th
year 1944 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from August 10
1944 to Aug 15 1944

21. I hereby certify that I attended the deceased from Aug 14 1944
and that death occurred on the date and hour stated above.

that I last saw h. or alive on Aug 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Brain hemorrhage

Due to Arteriosclerosis

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 D. G. Gledhill (M. D. or other) _____

Address 1405 7th Date signed Aug 17

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

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 944-1021

Date Filed SEP 8 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..... *Carl J. Kovantz*.....

Licensed Embalmer No..... 2247.....

P. O. Address..... Lamar, 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.