

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34855

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

## 1. PLACE OF DEATH:

- (a) County New Madrid  
 (b) City or town Rural  
 (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: In hospital or institution 1  
 (Specify whether

In this community  
years, months or days)3. (a) PRINT  
FULL NAMEMartin Alexander

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex M 5. Color or race C  
 6. (a) Single, widowed, married, divorced S

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

alive years

7. Birth date of deceased. 5 10 1944  
 (Month) (Day) (Year)

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

9. Birthplace New Madrid Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name Milton Alexander

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

14. Maiden name Martha Leria Applewhite

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

16. (a) Informant J. A. Alexander

- (b) Address Mathews new

17. (a) Burial (b) Date thereof 9-19-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Sikeston new

18. (a) Signature of funeral director

- (b) Address Libriton Undertaking Company.

19. (a) Sikeston, Mo.

- (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri County New Madrid  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country? No (Yes or No)

If yes, name country. 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18  
 year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
Sep 17, 1944, to Sep 18, 1944,  
 that I last saw him alive on Sep 17, 1944,  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia lobes

Duration

Due to 108

Due to

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

Major findings:

Of operations

Of autopsy

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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) (Means of injury)

23. Signature J. A. Myer (M. D. or other)

Address Sikeston Date signed 22-44

**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

*Max E. [illegible]*

Registered Apprentice No.

working under my personal supervision.

Signed

*John Allerton*

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, fact should be so stated above.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1100  
Registrar's No. 47

Registration District No. 238

Primary Registration District No. 5823

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Rural New Madrid  
(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: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

Marvin Alexander

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race B

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 10 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Milton Alexander  
13. Birthplace Osceola Ark  
(City, town, or county) (State or foreign country)  
14. Maiden name Lena Applewhite  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. Alexander  
(b) Address Mathews, Mo.

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof 9-9-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Likesston, Mo.

18. (a) Signature of funeral director Albertson H. Co.

(b) Address Likesston, Mo.

19. (a) 110-28-44 (b) John Louis Jones  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death Pneumonia  
Labor

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. A. Myfield (M. D. or other) \_\_\_\_\_  
Address Likesston, Mo. Date signed 9-27-44

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

SUPPLEMENTARY

34855