

FILED MAY 11 1945
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing Home 521 N. Wall St
(If not in hospital or institution, write street number or location) 4
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 6th and Club
(If applicable, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillie Alexander

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Don't know
(Month) (Day) (Year)

8. AGE: Years about 75 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Don't know
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business House work

12. Name Don't know
13. Birthplace Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Friends
(b) Address Joplin Mo

17. (a) Burial (b) Date thereof 5-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Hank Hill Dillon

(b) Address 4th & Wall St

19. (a) 5-1-45 (b) Jasper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th
year 1945 hour 1 minute _____ M.

21. I hereby certify that I attended the deceased from 1942 to Apr. 28, 1945
that I last saw her alive on Apr. 28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 108

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? _____

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

23. Signature G. C. Coats (M. D. or other) _____

Address Joplin Mo Date signed Apr. 30 1945

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

MOTHER FATHER

45-4-353

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 Paul A. Hornell

Licensed Embalmer No. 3590

P. O. Address Joplin 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.