

FILED JUL 26 1945
Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 61

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

1. PLACE OF DEATH: Pubaski

(a) County Pubaski

(b) City or town 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hennert Hospital, Waynesville, Mo
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pubaski 85

(c) City or town Dixon (If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Sherida Jean 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 Single 0

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

7. Birth date of deceased: 12 28 1937
(Month) (Day) (Year)

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

7 5 13 hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Wade Louis Alexander

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Volner

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wade Louis Alexander

(b) Address DIXON - MO

17. (a) _____ (b) Date thereof 7 13 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DIXON

18. (a) Signature of funeral director W. W. Green

(b) Address Dixon

19. (a) 4-24-1945 (b) John M. Dade
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11
year 1945 hour 8 minute 55 a.m.

21. I hereby certify that I attended the deceased from 7-10 to 7-11, 1945

that I last saw her alive on 7-11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis

Due to Rupture appendix

Due to _____

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

Major findings: Of operations 1 2 1 2

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 2

23. Signature R. O. Dewitt (M. D. or other) DO

Address Wagnersville, Mo Date signed 7-21-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

AUG 29 1945

AUG 9 1945

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.....

July - 11 - 1945 Registered Apprentice No.....
working under my personal supervision.

Signed..... *Fred H. Gibbons*

Licensed Embalmer No. *2341*

P. O. Address *Sixon 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.