

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 12 1945 STANDARD CERTIFICATE OF DEATH

State File No.

38120

Registrar's No.

88

Registration District No.

270

Primary Registration District No.

5909

1. PLACE OF DEATH:

(a) County Remond  
(b) City or town Caruthersville rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Little Prairie Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr (Specify whether  
In this community 1 yr years, months or days)

3. (a) PRINT  
FULL NAME

Lorraine Alexander

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

MO

5. Color or  
race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive 27 years  
(Month) (Day) (Year)

7. Birth date of deceased

June 27 1939  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

6 3 13 hr. min.

9. Birthplace

Harden co Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation

Child

11. Industry or business

MOTHER FATHER

12. Name

E. H. Alexander

13. Birthplace

Decatur co Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name

Clara Cressy

15. Birthplace

Decatur co Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant

E. H. Alexander

(b) Address

Caruthersville Mo

17. (a)

Removal (b) Date thereof 12-12-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Scotts Hill, Tennessee

18. (a) Signature of funeral director

J. D. Greason

(b) Address

Stell, Mo. Box 121

19. (a)

11-9-45 (Date received local registrar) Dresser B. Hicks (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remond  
(c) City or town Caruthersville rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Little Prairie (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10  
year 1945 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from  
10-10- 1945, to 10-10- 1945;  
that I last saw him alive on 10-10- 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Accident Duration Instant

Due to Ran over by trailer

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) Accident  
(b) Date of occurrence 10-10-45  
(c) Where did injury occur? Mo. City, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Farm

While at work? Yes

(Specify type of place) (e) Means of injury Accident

23. Signature J. J. Carino, W.P. (M.D. or other)

Address Caruthersville, Mo. Date signed 10-11-45

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

11-45-220

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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.....

*John H. German*

Licensed Embalmer No.

4355

P. O. Address

Steele, Mo. Box 16

**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.