

S. No. 2
DM-5-43
v. 5-17-39
I X38672

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15893

State File No. _____
Registrar's No. 150

FILED MAY 20 1946

Registration District No. 13 Primary Registration District No. 4059

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: none (Specify whether)

In this community yes years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME no name Alexander

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 4 29 1946
(Month) (Day) (Year)

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

5 hr

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name HUBERT WARREN

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

14. Maiden name EDITH ALEXANDER

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

16. (a) Informant MARY ALEXANDER

(b) Address NEELYVILLE, MO.

17. (a) NEELYVILLE (b) Date thereof 4 30 1946
(City, town, or county) (Month) (Day) (Year)

(c) Place of burial or cremation NEELYVILLE

18. (a) Signature of funeral director JOHN ALEXANDER

(b) Address NEELYVILLE, MO.

19. (a) 5/7/46 (b) Off Neelyville
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29
year 46 hour 4 minute 12 M.

21. I hereby certify that I attended the deceased from APR. 29
1946 to 1946

that I last saw him alive on APR. 29
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis
7 months

Due to _____

Due to _____

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

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

159

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)

(c) Means of injury _____

23. Signature J. D. Dancy (M. D. or other)
Address Neelyville, Mo. Date signed 5-29

20

RECEIVED

District Health Office No. 2,

District File Number 546-628

Date Filed 5-16-46

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.....

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.