

U. S. No. 2
00M-2-43
Rev. 5-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

COPY: 22505

FILED JUL 11 1946

State File No. _____

Registration District No. 389

Primary Registration District No. 6223

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Vernon

(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 _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 2A

(c) City or town Rural 0
(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 _____

3. (a) PRINT FULL NAME Lutie McAlexander

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1946 hour 11 minute 15 a.m.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 20 1873
(Day) (Year)

7. Birth date of deceased: July
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 28, 1946, to June 24, 1946
that I last saw her alive on June 23, 1946
and that death occurred on the date and hour stated above.

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

<u>72</u>	<u>11</u>	<u>4</u>	_____ hr. _____ min.
-----------	-----------	----------	----------------------

Immediate cause of death Chronic myocarditis Duration _____

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

Due to _____

Due to _____

10. Usual occupation Housewife

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

11. Industry or business _____

Major findings: g-24

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Louis French

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

14. Maiden name Unknown

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leo Walters

(b) Address Route 3, El Dorado Springs, Mo.

17. (a) Burial (b) Date thereof 6-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation French Cemetery

18. (a) Signature of funeral director Surin-Carother

(b) Address El Dorado Springs, Mo.

While at work? _____ (Specify type of place) 2
_____ (c) Means of injury _____

19. (a) July 1, 1946 (b) Ruth Faith
(Date received local registrar) (Registrar's signature)

23. Signature Chas. J. ... (M. D. or other) DD
Address El Dorado Spg Mo. Date signed 6-25-46

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

21374

330

RECEIVED
Dist. No. 6-46-719
Date Filed 7-10-46

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 *Floyd E. Carothers*
Licensed Embalmer No. *4419*
P. O. Address *El Dorado Springs*

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.