

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

Registration District No. 348

Primary Registration District No. 45-09

1. PLACE OF DEATH

(a) County Sullivan
(b) City or town Humphreys
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 years, months or days

3. (a) PRINT FULL NAME JENNIE C. ALEXANDER

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

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced m 1
6. (b) Name of husband or wife Darius Alexander 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Aug. 2 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 14 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name L. S. Couch 1
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Maranda Harrison 1
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Russell Alexander
(b) Address Lincoln Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-46
(Month) (Day) (Year)
(c) Place: burial or cremation Humphreys Mo Cem.

18. (a) Signature of funeral director P. K. Payne Son
(b) Address Galt Mo

19. (a) Sept 21 (Date received local registrar) (b) Myrtle Caldwell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 105
(c) City or town Humphreys 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1946 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 4 1946 to Sept 16 1946;
that I last saw him alive on Sept 16 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration 3 left ventricular failure
Due to abdominal aortic 6 weeks

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 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 C

23. Signature J. R. M. Arter (M. D. or other) _____
Address Browning Mo Date signed _____

RECEIVED
District Health Officer No. 10
District File Number 10-46-1882
Date Filed OCT 14 1946

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.....

W. W. W. Jr.

Licensed Embalmer No.

3400

P. O. Address.....

Galt 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.