

DEPARTMENT OF COMMUNITY
BUREAU OF VITAL RECORDS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5289

State File No.

FILED MAR 12 1947

Registration District No.

Primary Registration District No. 4258

Registrar's No. 100

1. PLACE OF DEATH: Knox
(a) County
(b) City or town Edina
(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
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth Alexander

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

4. Sex F 3. 5. Color or race B.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Alexander
6. (c) Age of husband or wife If alive years
7. Birth date of deceased Dec - 25 - 1859
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 19
If less than one day hr. min.

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

10. Usual occupation Homekeeper

11. Industry or business

12. Name Mick Smith
13. Birthplace uk W.Va.
(City, town, or county) (State or foreign country)
14. Maiden name Ellen (uk)
15. Birthplace uk W.Va.
(City, town, or county) (State or foreign country)

16. (c) Informant Eva Alexander

(b) Address Edina, Mo.

17. (a) Burial (b) Date thereof Feb-16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Linville-Edina, Mo.

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina, Mo.

19. (a) Feb-15-47 (b) Neil S. Nunn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 52
(a) State Missouri (b) County Knox
(c) City or town Edina
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1947 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1946, to Feb 14, 1947,
that I last saw her alive on Feb. 9, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 weeks

Due to

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) (e) Means of injury

23. Signature J. J. Breckinridge (M. D. or other)
Address Edina, Mo. Date signed 2/15/47

15)

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 2-47-124
Date Filed MAR-1-1-1947

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 Leitch Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Minn.

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.