

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9363

Registration District No. 201

Primary Registration District No. 434

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Atlanta Mo
(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 30 years years, months or days)

3. (a) PRINT FULL NAME Elizabeth Alexander

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. B. Alexander 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Nov. 2nd 1878 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 5 hr. min.

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

10. Usual occupation House wife

11. Industry or business "

12. Name F. B. Bodwell

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

14. Maiden name Mary E. Evans

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

16. (a) Informant J. B. Alexander

(b) Address Atlanta Mo

17. (a) Burial (b) Date thereof 3-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Labor Cemetery

18. (a) Signature of funeral director H. M. O. Dwyer

(b) Address Atlanta Mo

19. (a) Mar 12 - 48 (Date received local registrar) (b) Mrs. O. P. Griffin (Registrar's signature) 101

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Atlanta Mo 61
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1948 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from Feb 29 - 1948
1948, to March 7 1948.
that I last saw her alive on March 6th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis & general emia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 0

23. Signature G. E. G. yda (M. D. or other)

Address Atlanta Missouri Date signed 3-16-48

(Licensed Embalmer's Statement on Reverse Side)

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

3-20-1948

RECEIVED
District Health Officer No. 10
District File Number 3-48-542
Date Filed MAR 22 1948

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 _____

H. M. Gooding

Licensed Embalmer No. 1750

P. O. Address Atlanta 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.