

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27038
Do not use this space.

AUG 11 1939

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 849
(b) Township Penn Primary Registration District No. 4574
(c) City Green Castle (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred _____ yrs. mos. da. (f) How long in U.S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME Nellie Alice Alexander

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugh Alexander
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 58 0 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Green Castle (STATE OR COUNTRY) Missouri

FATHER 13. NAME Jacob Standley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Sarah A. Belles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. W. M. Conley Green Castle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Novinger Cem. DATE July 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glenn E. Kent & Son Green City, Missouri

20. FILED July 31, 1939 Virginia Libbert Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1939
22. I HEREBY CERTIFY that I attended deceased from July 12, 1939 to July 12, 1939
Last saw her alive on July 12, 1939 Death is said to have occurred on the date stated above, at 9 P. M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 12/1
Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury ✓
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) A. P. Garrison, M. D.
Novinger Mo (Address)

RECEIVED

District Health Officer No. 10

8-39-1350
AUG 4 1939

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 *Archie W Wade*

Licensed Embalmer No. *3037*

P. O. Address *Green City 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, above space should be left blank.