

No. 2
-11-10-39
5-17-39-
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10850

Registration District No. _____

Primary Registration District No. 288

Registrar's No. 4172

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
200 South Lee St
(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 12m 10d

3. (a) PRINT FULL NAME James W. Alexander
(b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Sirena Alexander 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 29 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Tiptonville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER, FATHER { 12. Name Rich Alexander
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Paula Alexander
(b) Address Lee St - Kennett, Mo

17. (a) Burial (b) Date thereof 3-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation oak ridge

18. (a) Signature of funeral director Myron Burns
(b) Address Hornbush, Mo.
19. (a) 3-21-1940 (b) Thelma Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 200 S Lee St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1940 hour 8 minute 20 M.
21. I hereby certify that I attended the deceased from March 2, 1940
March 2nd 1940, to March 3 1940;
that I last saw him alive on March 3 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 12 hrs

Due to Chronic nephritis 1 yr

Due to Chronic myocardial infarction 1 yr

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 Paul Balowen (M. D. or other) MD
Address Kennett, Mo Date signed 3/4/40

RECEIVED

District Health Officer No. 2,

District File Number 440-93

Date Filed 4/12/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.