

40-7-201

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb 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: 2010

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21957**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **407**

Primary Registration District No. **4241**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Catterville 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..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Joseph B. Alexander

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

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **29** If less than one day
hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) **June 18 - 1940.** (b) **J. W. Clark** (Registrar's signature)

DEATH CERTIFICATION

20. DATE OF DEATH: Month **May** day **6** year **1940** hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19..... that I last saw him alive on **June 7** and that death occurred on the date and hour stated above.

Immediate cause of death **Stroke by lightning**

Due to **barn burned in which he was killed.**

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 **June 6 - 1940.**

(c) Where did injury occur **In his barn.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Yes, in his barn.** While at work? **Yes.** (Specify type of place) (e) Means of injury **lightning**

23. Signature **H. N. Winchester** (D. or other)

Address **Joplin mo** Date signed.....

SUPPLEMENTAL

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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Handwritten notes and scribbles at the bottom right of the page, including a small circle symbol and various illegible markings.