

Registration District No. 125 Primary Registration District No. 3009

1. PLACE OF DEATH: Cape
(a) County new modoc
(b) City or town new modoc
(c) Name of hospital or institution: St. Francis
(d) Length of stay: In hospital or institution 5 weeks
In this community 1 years, months or days

3. (a) PRINT FULL NAME Ida Latham Alexander
3. (b) If veteran, name war V
3. (c) Social Security No. V

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William N. Alexander 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased. April 27 1861

8. AGE: Years 79 Months 7 Days 24 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business House

12. Name: Henry Clay Latham
13. Birthplace: Union Tenn
14. Maiden name: Christina Latham
15. Birthplace: Point Pleasant Mo.

16. (a) Informant Lila Koon
(b) Address New modoc Mo

17. (a) Burial (b) Date thereof Dec 23 1940
(c) Place: burial or cremation Evelyn new modoc

18. (a) Signature of funeral director L. A. Richards
(b) Address new modoc Mo

19. (a) 12-21-40 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County new modoc
(c) City or town new modoc
(d) Street No. 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 21 year 1940 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 3/40 to Dec 20, 1940, that I last saw him alive on Dec 20, 1940 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage

Due to Arterio sclerosis
Due to Senility

Other conditions gall
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 121
(Specify type of place) (e) Means of injury _____

23. Signature Carl W. Finis (M. D. or other) 1
Address Cape Girardeau Mo Date signed Dec 21/40

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

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

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.