

FILED JUN 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18537

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 36

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO

(c) Name of hospital or institution 326 PATTERSON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 years (Specify whether years, months or days)

In this community 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town NEOSHO (If outside city or town limits, write "RURAL")

(d) Street No. 326 PATTERSON (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME HURILLA ALEXANDER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20 year 1941 hour 3 minute P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John C Alexander

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Dec 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 25, 1941, to May 20, 1941; that I last saw her alive on May 20, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 5 Days 13 If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage
Complete paralysis left side

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

Due to Senility

Due to 478

10. Usual occupation _____

11. Industry or business HOUSEWIFE

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

12. Name JACOB STEWART

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

14. Maiden name Rhoda CALVIN

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

Major findings: Of operations none

Of autopsy none

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

16. (a) Informant Jacob Stewart

(b) Address Neosho Missouri

17. (a) BURIAL (b) Date thereof MAY 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LODGE CEMETERY

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? 543
(Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Jacob Stewart

(b) Address NEOSHO MISSOURI

19. (a) 5-26-41 (b) Paul R. Sabo, M.D.
(Date received local registrar) (Registrar's signature)

23. Signature R. Lawson (M. D. or other) 0

Address NEOSHO MO Date signed 5/22/41

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

609

RECEIVED

District Health Officer No. 6,

District File Number 641-974

Date Filed JUN 16 1947

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.....

Donald Reed

Registered Apprentice No. 202

working under my personal supervision.

Signed.....

J. B. Graham

Licensed Embalmer No. 2689

P. O. Address Neosho 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.