

JAN 6 1942 647  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5855

1. PLACE OF DEATH:

(a) County Ozark Bayou Loop  
(b) City or town Bakersfield 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 9 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ozark  
(c) City or town Bakersfield Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME W. J. Alexander

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S - 1  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec - 15 - 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name W. J. Alexander

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

14. Maiden name Bont

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

16. (a) Informant J. D. Brown

(b) Address Bakersfield Mo

17. (a) B (b) Date thereof 11-18-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Hawkins Ridge

18. (a) Signature of funeral director Monk

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) C. A. Beach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18 year 1941 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1941 to \_\_\_\_\_ 1941 and that death occurred on the date and hour stated above.

Immediate cause of death mitral valve insufficiency

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 928 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? \_\_\_\_\_ (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 C. A. Beach (M. D. or other)

Address Elyah Mo Date signed 11-25-41

Duration

1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

79  
0  
0

RECEIVED

District Health Officer No. 6,

District File Number 142-10

Date Filed JAN 3, 1942

S-39003

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**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, fact should be so stated above.**