

FILED NOV 12 1942

Registration District No. _____

Primary Registration District No. 2000

39
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6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2401 N. Fort
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 10 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Nianqua
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Margaret Elizabeth Alexander

(b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Palestine Alexander 6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased December 16-1869
(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to cerebral hemorrhage
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 30!

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Joshua Hightower

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

14. Maiden name Unknown Rowe

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

16. (a) Informant E.M. Alexander

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 10-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nianqua Tex

18. (a) Signature of funeral director Marshfield, Missouri

(b) Address 10-22-42 (c) W.F. Schultz (Registrar's signature)

19. (a) 10-22-42 (b) W.F. Schultz (Date received local registrar) (Registrar's signature)

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? _____ (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 W.F. Schultz (M. D. or other) _____

Address Springfield Date signed 10/24/42

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. 3312

P. O. Address Marshfield, 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.