

Registration District No. **825**

Primary Registration District No. **4096**

Registrar's No. **100**

1. PLACE OF DEATH:
 (a) County Schuyler
 (b) City or town Glenwood (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Glenwood, Mo., R. R.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Schuyler
 (c) City or town Queen City
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jennie L. Alexander

3. (b) If veteran, name war _____ **3. (c) Social Security** No. None

4. Sex F **5. Color or race** W **6. (a) Single, widowed, married, divorced.** Widowed
6. (b) Name of husband or wife Joseph Alexander **6. (c) Age of husband or wife if alive,** 26 years
7. Birth date of deceased Sept. 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>10</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER
12. Name Michael McCully
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Singleton Hackley
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amara Watkins
(b) Address Glenwood, Missouri

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 8/3/47
(Month) (Day) (Year)
(c) Place: burial or cremation New Harmony Cmt.

18. (a) Signature of funeral director D. P. Brown
(b) Address Kirkville, Missouri

19. (a) Aug 11 1947 (Date received local registrar) **(b) D. P. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1947 hour 1:45 minute _____ P: M.

21. I hereby certify that I attended the deceased from Apr 9 1946 to July 31 1947 that I last saw her alive on July 7 1947 and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration 14 days

Due to Bright disease 6 wks

Due to _____

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

PHYSICIAN
 Major findings: 138
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

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) **(c) Means of injury** 2

23. Signature D. P. Brown (M. D. or other) **20**
Address Queen City Mo Date signed Aug 15 1947

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

RECEIVED
District Health Officer No. 10
District File Number 8-47-1084
Date Filed AUG 13 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.....

..... Kenneth Slavens, Registered Apprentice No. 418
working under my personal supervision.

Signed..... *D. E. Riley*

Licensed Embalmer No. 4181

P. O. Address... Kirksville, 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.