

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

FILED JUL 9 1948

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 555

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 419 rear S. Locust St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 419 rear S. Locust St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME OPHELIA WILLIAMS ALEXANDER

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charlie Alexander 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March 15, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>3</u>	<u>11</u>	hr. min.

9. Birthplace Natchez, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

12. Name John Giddens

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

14. Maiden name Unknown

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

16. (a) Informant Charlie Alexander

(b) Address 419 r. S. Locust, Charleston, Mo

17. (a) Burial (b) Date thereof June 30, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director F. S. Sparks

(b) Address Charleston, Missouri

19. (a) 6-30-48 (b) Mrs. John Bondurant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1948 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from 6-24-48 to 6-27-48, 1948
that I last saw her alive on 6-27-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Acute Rheumatism

Due to Acute Rheumatism

Due to -----

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

Major findings: 93
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 -----

Signature W. J. Singal (M, D. or other)

Address 204 S. Locust St. Charleston, Mo. Date signed 6-30-48

Duration 4 weeks
2 more
that

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

RECEIVED

District Health Office No. 2,

District File Number 748-820

Date Filed 7-6-46

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 Frank Sparks

Licensed Embalmer No. 3453

P. O. Address Cape Si., Md

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.