

DEC 30 1952

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41792

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 70

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clark</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka</u>   |   |
| c. LENGTH OF STAY (in this place) <u>3 wks</u>   |  | d. STREET ADDRESS (If rural, give location) <u>0</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ward Nursing Home</u>   |  |  |   |
| 3. NAME OF DECEASED<br>a. (First) <u>Martha</u> b. (Middle) <u>Jane</u> c. (Last) <u>Alexander</u>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year) <u>Dec. 20 1952</u>          |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>white</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>  | 8. DATE OF BIRTH <u>Aug. 27-1898</u>                                  |
| 9. AGE (In years last birthday) <u>54</u>  |  | 10. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>   |   |
| 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |   |
| 13a. FATHER'S NAME <u>George Brammer</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Walker</u>   |   |
| 14. NAME OF HUSBAND OR WIFE <u>Daniel Alexander</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)                             |   |
| 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edgar Brammer Wayland</u>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |  |  |   |
| MEDICAL CERTIFICATION  |  |  |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sensitivity</u>  |  |  |   |
| ANTECEDENT CAUSES<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS-<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | <u>794X</u>  |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <u>12/10</u> , 19 <u>52</u> , to <u>12/21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-20</u> , 19 <u>52</u> , and that death occurred at <u>8:10</u> m., from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title)  |  | 23b. ADDRESS <u>Kahoka Mo</u>  | 23c. DATE SIGNED  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>Dec. 23-1952</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Froyer Cem.</u>  | 24d. LOCATION (City, town, or county) (State) <u>Clark County Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>12/23-62</u>   | REGISTRAR'S SIGNATURE <u>[Signature]</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jettings Ind. Kahoka Mo</u>  |   |

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Otis L. Luttinger* .....

Licensed Embalmer No. *2965-* .....

P. O. Address *Luray 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.