

No. 2
A-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6877**
Registrar's No. **14**

FILED MAR 6 1944

Registration District No. **173** Primary Registration District No. **3014**

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Liberty
(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 all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. North Prairie St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LENA ALEXANDER

(b) If veteran, name war none

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1944 hour 7 minute - A.M.

4. Sex Female 5. Color or race Wgo

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 5 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1943 to _____ 19____;

that I last saw her alive on Jan 15 1944 and that the death occurred on the date and hour stated above.

Immediate cause of death Cancer

8. AGE:

| | | | | |
|-----------|----------|-----------|-----|------|
| Years | Months | Days | hr. | min. |
| <u>71</u> | <u>4</u> | <u>28</u> | | |

If less than one day

Duration 6 mo

Due to _____

Due to _____

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

10. Usual occupation Home Keeper

11. Industry or business _____

MOTHER {

12. Name Alfred Alexander

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

14. Maiden name Catherine Thompson

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

Other conditions H&P
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Two large cancerous masses in pelvis - prob. primary in uterus

16. (a) Informant Ruby Lindsey

(b) Address Liberty, Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Feb 7-1944
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview - Liberty, Mo

18. (a) Signature of funeral director O. Lind - Welch Co

(b) Address Liberty, Mo

19. (a) Feb 2-1944 (Date received local registrar)

(b) Helen Easley (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged Cancer

22. If death was due to Overdose 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 Overdose

23. Signature Wm H Goodson M.D. or other _____

Address Liberty, Mo Date signed 3/3/44

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District Health Officer No. 5
District File Number 3-3-44
Date Filed

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..... *Edgar Archer.*

Licensed Embalmer No. 3311

P. O. Address..... *Liberty, 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.