

FILED MAR 11 1948

Registration District No. 221

Primary Registration District No. 5793

Registrar's No. 19

1. PLACE OF DEATH:

(a) County MONITEAU
(b) City or town BEARL LINN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lupus mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU
(c) City or town BEARL LINN
(If outside city or town limits, write "RURAL")
(d) Street No. Lupus mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LUCY F. ALEXANDER

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

4. FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPH ALEXANDER 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased 4 (Month) 1 (Day) 1864 (Year)

8. AGE: Years 81 Months 10 Days 16 If less than one day _____ hr. _____ min.

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

10. HOUSEWIFE ~~MISSOURI~~

11. Industry or business _____

12. Name JOHN MAUPIN 0

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

14. Maiden name NANCY STONE

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

16. (a) Informant Joe Alexander

(b) Address Lupus mo

17. (a) BURIAL (b) Date thereof 2-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. ZION CEM

18. (a) Signature of funeral director C. HERBERT HOYNECK

(b) Address PRALIE HOME MO

19. (a) 2-20-1948 (b) Spada m. Susser
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1948 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Feb 1
1948, to Feb 16, 1948

that I last saw her alive on Feb. 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 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? 2

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature D. J. Davison (M.D. or other) D.O

Address California, Mo. Date signed 3/18/48

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

Date Filed 3/10/48

District File Number

District Health Officer No. 9

RECEIVED

MAY 9 1950

1898
84
1898
10 10 18

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

working under my personal supervision.

Registered Apprentice No.

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prarie Home 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.