

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10
 1939 APR 11 1939

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

10029

Do not use this space.

1. PLACE OF DEATH *Boone* 2
 (a) County *Boone* Registration District No. *76 4044*
 (b) Township *Hartsburg* Primary Registration District No. *5103*
 (c) City *Hartsburg* (d) Street No. *Hartsburg* Registered No. *7*
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *James A. Alexander*
 (a) Residence, No. *Hartsburg* St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF *Virginia Alexander*
 (or) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 3 1854*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 19
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *merchant*
 9. Industry or business in which work was done, as saw mill, bank, etc. *store*
 10. Date deceased last worked at this occupation (month and year) *unknown* 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wilton* *Mo.*
 13. NAME *John Alexander*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*
 15. MAIDEN NAME *Francis Crump*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone Co. Mo.*
 17. INFORMANT (ADDRESS) *John Alexander*
Jefferson City Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Bond Chapel* DATE *3/24* 19 *39*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Brecher Funeral Home*
Jefferson City Mo.
 20. FILED *4/10* 19 *39* *H. G. Wampler*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-22* 19 *39*
 22. I HEREBY CERTIFY, That I attended deceased from *4-20* 19 *38*, to *3-22* 19 *39*
 I last saw him alive on *3-22* 19 *39*. Death is said to have occurred on the date stated above, at *40* m.
 The principal cause of death and related causes of importance were as follows:
Senility
Chronic myeloid
 Other contributory causes of importance:
 Name of operation *none* Date of *none*
 What test confirmed diagnosis? *Impulse* Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? *No*
 (Signed) *W. P. Meeker* M. D.
 (Address) *Hartsburg Mo.*

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,

Victor Buescher

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Victor Buescher

Licensed Embalmer No.

3701

P. O. Address

J.C. 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, above space should be left blank.