DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D SEP 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29650

Registration District No. 5-38 Primary Registration District No. 3028 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution: 711 South Main Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community All

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

(d) Street No. 711 South Main Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? All years.

3. (a) PRINT FULL NAME Jefferson Davis Alexander 425

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Florence Idell

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Dec. (Month) 4th (Day) 1861 (Year)

8. AGE: Years 77 Months 8 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace Wayne County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer 1

11. Industry or business Farmer 1

FATHER
12. Name Rufus Alexander
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Camille Ward
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carrie P. Moore

(b) Address Kimmswick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley H. Dixon

(b) Address Fredericktown, Mo. 481

19. (a) Aug 14-1939 (Date received local registrar) (b) S. C. Slaughter (Registrar's signature) By E. D. Schumer

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1939 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from May 3 1939 Aug 12, 19__, to Aug 12, 1939 that I last saw him alive on Aug 9, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious Anaemia	2 yrs
Due to	
Due to 71	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. C. Slaughter (M. D. or other) M.D.

Address Fredericktown Mo. Date signed 8/7/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Stanley H. Dixon, Registered Apprentice No. 214 working under my personal supervision.

Signed William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.