

23 AUG 1940
No. 1
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25973

Registration District No. 668

Primary Registration District No. 3032

State File No. _____

Registrar's No. 251

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(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 5 years
years, months or days)

3. (a) PRINT

FULL NAME Floyd Alexander

3. (b) If veteran, name war Served in Phillip-ines
3. (c) Social Security 425
494-16-9875
in 1914

4. Sex Male race White 5. Color or 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Abbie Alexander 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased August 18, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 11 14 hr. min.

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

10. Usual occupation Carpenter W.P.A.

11. Industry or business

MOTHER FATHER { 12. Name John Alexander
13. Birthplace Marietta, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Buxton
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Abbie Alexander
(b) Address 1423 Spring St. Sedalia, Mo.

17. (a) Burial (b) Date thereof August 5, 1940
(Burial, cremation, or removal) (Month) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Wesley Swiney
(b) Address Sedalia, Missouri

19. (a) 8-3-40 (b) Mrs. Harry Sued
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1423 Spring St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-2-40 day _____
year _____ hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug. 2
19 40 to Aug. 2nd. 19 40

that I last saw him alive on Aug. 1st. 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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?

906
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. P. Meadows (M. D. or other) _____

Address 46 E. W. Main Date signed 8-3-40

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

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.....

Licensed Embalmer No. 3847

P. O. Address. Indian 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.