

S. No. 2  
-11-10-39  
5-17-39  
PI X21492

FILED SEP 16 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28709

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 220

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5  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
116-W. 2nd 2)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 65 yrs - (Specify whether)  
years, months or days

8. (a) PRINT FULL NAME Gray Alexander

8. (b) If veteran, name war ✓ 8. (c) Social Security No. 487-16

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Margaret C. Alexander 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased April - 3 - 1875  
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Saloonman

11. Industry or business Grocery

MOTHER FATHER { 12. Name Taxette Alexander  
13. Birthplace Birkoville Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Gray  
15. Birthplace unknown Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret C. Alexander

(b) Address 116 W. 2nd Independence Mo.

17. (a) Burial (b) Date thereof 10-4-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deer Summit Cemetery

18. (a) Signature of funeral director Egda Sumner Hoyle

(b) Address Deer Summit Mo.

19. (c) Sept 3-40 (b) F. L. Cook  
(Date received in Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 116-W. 2nd  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd  
year 1940 hour 12 P.M. M.

21. I hereby certify that I attended the deceased from Sept 1  
1940 to Sept 2 1940  
that I last saw him alive on Sept 2  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 days  
Due to \_\_\_\_\_  
Due to 44 10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy no

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? 360

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John P. Green (D. or other) ✓

Address Independence Mo. Date signed \_\_\_\_\_

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**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.....

*P. C. Fields*

Licensed Embalmer No. *2957*

P. O. Address *Leis Summit*

**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.**