

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHDr. W. H. 18105
State File No.

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 8 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Attley Alexander

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

4. Sex Male 0 5. Color or race Wh 6. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 27 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 11 If less than one day hr. min.

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

10. Usual occupation W P A

11. Industry or business

12. Name Hulam Alexander
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 6
(City, town, or county) (State or foreign country)

16. (a) Informant James Alexander
(b) Address R F D 3, Joplin, Missouri
17. (a) Burial (b) Date thereof 5-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Lanpher Mortuary
(b) Address Joplin, Missouri
19. (a) 5-7-41 (b) Ed A. Janner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. R F D 3
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1941 hour 8:30 minute a M.

21. I hereby certify that I attended the deceased from May 5 to May 7 1941
that I last saw him alive on May 7 and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial infarction
Duration 6 mo

Due to Lungs

Due to

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

23. Signature H. H. W. (M. D., physician)
Address Joplin Mo. Date signed 5-7-41

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 9 1948

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

F. M. Jones

Licensed Embalmer No.

2319

P. O. Address

Josephine

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

If this body is not embalmed, fact should be so stated above.