DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32442

Registration District No. 772 Primary Registration District No. 4463 Registrar's No. 1065

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

1. PLACE OF DEATH:

(a) County St Francois 1.
(b) City or town Elvins Mo
(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 ✓ 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois 3
(c) City or town Elvins
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

094 3 1

3. (a) PRINT FULL NAME John S. Alexander
3. (b) If veteran, name war ✓
3. (c) Social Security No. 498-07-6673
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Etta Alexander
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Aug (Month) 23 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
70	1	7	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation Retired Miner
11. Industry or business ✓
FATHER
12. Name William Alexander
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Ritter
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Alexander
(b) Address Elvins Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 6 - 41 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cemetery
18. (a) Signature of funeral director Joe Diemer
(b) Address FLAT RIVER, MO
19. (a) 10-7-41 (Date received local registrar) (b) C B Farrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1941 hour 10 minute P M.
21. I hereby certify that I attended the deceased from Oct. 1, 1940, to July 1, 1941;
that I last saw him alive on July 11, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis Insufficiency	1 yr
Due to	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

93d

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 D. Appleberry M.D. (M. D. or other)
Address Rivermines Mo Date signed 10-7-41

(Licensed Embalmer's Statement on Reverse Side)

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: Joe Diemer

Licensed Embalmer No. 970

P. O. Address Flat River 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.

No. 2B
-8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32582

Registration District No. 772 Primary Registration District No. 4463 Registrar's No. 1065

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Elvins
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John S. Alexander
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 23 (Day) 187 (Year)
8. AGE: Years 70 Months 1 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 10/7/41 (Date received local registrar) (b) C. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

32442