

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39215

State File No.

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 232

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
418 No Moulton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 16 years
years, months or days)

3. (a) PRINT

FULL NAME Kenneth C Alexander

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex male
5. Color or
race white

6. (a) Single, widowed, married,
divorced S 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb
(Month)

5th
(Day)

1925
(Year)

8. AGE:

Years

Months

Days

If less than one day

16

9

16

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

Student

11. Industry or business

12. Name Mose Alexander

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Ketzler
(City, town, or county) (State or foreign country)

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mose Alexander

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Nov 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahen and Son

(b) Address Moberly, Mo

19. (a) Nov 24-41 (b) Seale Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 418 No Moulton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21st
year 1941 hour _____ minute 35 P.M.

21. I hereby certify that I attended the deceased from Sept
1941 to Nov 21 1941
that I last saw him alive on Nov 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Duration

Due to

Due to

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

Major findings: 7 live and spleen.

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO
(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?

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

23. Signature W. E. Hensley (M. D. or other)

Address Moberly, Mo Date signed 11-24-41

720 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2212

Date Filed DEC-18-1941

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.....

Frank B. D. Wat

Licensed Embalmer No. 3021

P. O. Address.....

Moberly

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.