

Registration District No. 408

Primary Registration District No. 5562

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural - Marion Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #3, Carthage, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Rural - Marion Township. 0
(If outside city or town limits, write "RURAL.")
(d) Street No. Route #3, Carthage, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William K. Alexander

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Ida Fatheringham 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 28, 1849
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 2 7 hr. min.

9. Birthplace Clayton, Ohio. /
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name James Oliver Alexander
13. Birthplace X Ohio. /
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Ann Kress
15. Birthplace Ohio. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. K. Alexander

(b) Address Route #3, Carthage, Mo.

17. (a) Burial (b) Date thereof 7-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) July 7, 1942 (b) Elizabeth Couplins
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th,
year 1942 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from May 20th
1942 to July 2nd, 1942

that I last saw him alive on July 2nd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Emboli Duration

Due to Chronic Myocarditis 5 yrs.
General Arteriosclerosis 5 yrs.

Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
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) No

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (e) Means of injury

23. Signature George F. Wood M.D.

Address 304 Grant St., Carthage, Mo. Date signed 7/6/42

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

217
0
0

1213

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.....

Ed. Levesque

Licensed Embalmer No. *2272*

P. O. Address *Carthage*

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, fact should be so stated above.