

AUG 13 1942
175
Registration District No. **467**

Primary Registration District No. **3026**
4286

Registrar's No. **94**

55
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Lawrence**

(b) City or town **Aurora**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
19 East Locust St
(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 **40 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence** **55**

(c) City or town **Aurora**
(If outside city or town limits, write "RURAL")

(d) Street No. **19 East Locust St**
(If rural, give location)

(e) Citizen of foreign country? **No** *(Yes or No)*
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **John David 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 **Married**

6. (b) Name of husband or wife **Laura Alexander** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **March 1 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 4 17 hr. min.

9. Birthplace **Christian County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Resturant Prop.**

11. Industry or business _____

MOTHER { 12. Name **Jack Alexander**

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

14. Maiden name **Martha Bane**

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

16. (a) Informant **Mrs Laura Alexander**

(b) Address **Aurora Mo.**

17. (a) **Burial** (b) Date thereof **7/22/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Aurora Mo.**

18. (a) Signature of funeral director **J. F. King**

(b) Address **Aurora Mo.**

19. (a) **July 20 1942** (b) **J. E. Emmerich**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19** year **1942** hour **2** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **June 23-4/1942** to **July 19 1942**

that I last saw him alive on **July 19 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Duration _____

Due to _____

Due to **94a**

Other conditions **94a**
(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? _____

While at work? _____ *(Specify type of place)*

(e) Means of injury _____

23. Signature **W. D. Herron** (M. D. or other) _____

Address **Aurora, Mo.** Date signed **July 20 1942**

RECEIVED

District Health Officer No. 6,

District File Number 842-1099

Date Filed AUG 11 1942

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 Herma M. Curridge

Licensed Embalmer No. 3072

P. O. Address Curma 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, fact should be so stated above.