

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 243

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Greenman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community
years, months or days

3. (a) PRINT
FULL NAME

Walter Alexander

3. (b) If veteran,
name war. No

3. (c) Social Security
No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife. (c) Age of husband or wife if alive years
7. Birth date of deceased September 19, 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 28 If less than one day
hr. min.

9. Birthplace Ottawa, Oklahoma (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name James Alexander
13. Birthplace Cutler, Illinois (City, town, or county) (State or foreign country)
14. Maiden name Margaret Foley
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Randall
(b) Address Guapaw, Okla.

17. (a) Burial (b) Date thereof Aug. 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Commerce, Okla.

18. (a) Signature of funeral director Mitchelson
(b) Address Commerce, Okla.

19. (a) 8-17-42 (b) Butt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1942 hour 12 minute 25 p.M.
21. I hereby certify that I attended the deceased from 5/5 1942 to 8/16 1942
that I last saw him alive on 8/16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

Tuberculosis peritub 6 m

Due to

Due to

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

Major findings: Of operations

Of autopsy

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 Butt (M. D. or other) MD
Date signed 8/17/42

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
.....
working under my personal supervision.

Signed.....

Registered Apprentice No.....

Licensed Embalmer No. 959

P. O. Address.....

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.