

FILED DEC 8 1942  
Registration District No. **2167 24**

Primary Registration District No. **5459**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Greene Center Sp.**  
(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 **✓**  
In this community **4 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Greene**  
(c) City or town **Greene Center Mo**  
(If outside city or town limit, write "RURAL")  
(d) Street No. **✓**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **Native 0** years.

3. (a) PRINT FULL NAME **WALTER DANIEL ALEXANDER**

3. (b) If veteran, name war **HOME GUARD** 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 **Mrs. L. B. Alexander** 6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **5 10 1884**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **6** Days **3** If less than one day hr. **✓** min.

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

10. Usual occupation **Mathematician**

11. Industry or business **Gen'l. mechanical**

12. Name **Perry Alexander**

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

14. Maiden name **Judy Barberick**

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

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

(b) Address **Greene Center, Mo**

17. (a) **Burial** (b) Date thereof **10-15-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Evergreen Cem. Republic**

18. (a) Signature of funeral director **Redemptio Doyle**

(b) Address **Greene Center Mo**

19. (a) **10-14-42** (b) **Jewell Williams**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10th** day **13th** year **1942** hour **6:30 P.** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **5-10-41** to **10-13-42**

that I last saw him alive on **10-13-42** and that death occurred on the date and hour stated above.

Immediate cause of death **Paralytic Respiration**

Due to **Chronic HEPATIC SCLEROSIS**

Due to **✓**

Other conditions **✓ 1245**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **NONE**

Of autopsy **NONE**

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

(a) Accident, suicide, or homicide (specify) **NOT**

(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 activity)

23. Signature **B.F. Williams** (M. D. or other health officer)

Address **Greene Center Mo**

Duration

**5 yrs.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

39  
0  
0

RECEIVED

Greene County Health Office,

County File Number 42-12-95

Date Filed 12/5/42

---

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.....

Licensed Embalmer No.....

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, above space should be left blank.