

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 25 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1535

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
427 N. 21st Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Claud Leroy Alexander

3. (b) If veteran, name war None 3. (c) Social Security No. 495-09-3579

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

6. (b) Name of husband or wife Alberta Romaine Alexander 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 28, 1900
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Logan Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business L.M. Thornton Mfg. Co.

12. Name Chas. I. Alexander

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

14. Maiden name Agnes Musgrave

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

16. (a) Informant Mrs. Marion Alexander

(b) Address 427 N. 21st St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 11, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Herman W. Dierckx

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 1-11-43 (b) Rose Stegoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 427 N. 21st
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th
year 1943 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from May 22, 1942 to Jan. 5, 1943
that I last saw him alive on Jan. 5
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas - Jan. 4, 1943
(Primary)

Due to 46 y

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma head of pancreas - Feb. 7/1942
Of operations 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 Frank W. Deegan (M. D. or other) 0
Address 620 Dr. Ave. Date signed 1/9/43

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.....

John D. Hurley

Licensed Embalmer No. *4056*

P. O. Address.....

St Joseph 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.