

FILED APR 8 1943
Registration District No. **132**

Primary Registration District No. **3021**

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

1. PLACE OF DEATH

(a) County **Grundy**

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

(c) Name of hospital or institution:
1011 McPherson
(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 **20 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Grundy** **40**

(c) City or town **Trenton** **2**
(If outside city or town limits, write "RURAL.")

(d) Street No. **1011 McPherson**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Thomas James Alexander**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4th**
year **1943** hour **7:00** minute **0** A.M.

3. (b) If veteran, name war _____

3. (c) Social Security No. **707-16-6689**

21. I hereby certify that I attended the deceased from **no coroner**
and Mar 4, 1943

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or Race **Caucasian**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Lucinda J. Alexander** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **Oct 16, 1871**
(Month) (Day) (Year)

Immediate cause of death
Disease of Coronary Artery

Due to _____

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 71 | 4 | 18 | _____ hr. _____ min. |

Due to **Arteriosclerosis**

Due to _____

9. Birthplace **Chelsea County, Penn**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **94a**

10. Usual occupation **Wrecking from Mountain Dist**

11. Industry or business **Railroad**

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

12. Name **Thomas Alexander**

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

14. Maiden name **Indie Mercer**

15. Birthplace **Chelsea County, Penn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucinda J. Alexander**

(b) Address **Trenton, Missouri**

17. (a) **burial** (b) Date thereof **3-7-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **at home, Trenton Mo**

18. (a) Signature of funeral director **Dani James Duran**

(b) Address **Trenton, Mo**

19. (a) **March 5, 1943** (b) **L. D. Roberts**
(Date received local registrar) (Registrar's signature)

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 **Wm A. Brown** (M. D. or other) **coroner**

Address **Trenton Mo** Date signed **3-5-43**

APR 12 1943

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. 3424

P. O. Address: Trenton, 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.