

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22068

State File No. \_\_\_\_\_

FILED JUN 12 1943  
Registration District No. 279

Primary Registration District No. 4372

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

1. PLACE OF DEATH: Nodaway Co  
 (a) County Nodaway Co  
 (b) City or town Burlington Junction  
 (If outside city or town limits, write "RURAL" and name of township)  
 (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 22 yrs  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Nodaway  
 (c) City or town Burlington Junction  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. None (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? X 0 years.

3. (a) PRINT FULL NAME Knox Alexander  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 26  
 year 1943 hour 9 minute 50 P.M.  
 21. I hereby certify that I attended the deceased from June 3, 1943, to June 9, 1943

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Laura B. Alexander  
 6. (c) Age of husband or wife if alive 84 years  
 7. Birth date of deceased. Febr 15 1859  
 (Month) (Day) (Year)

that I last saw him alive on June 9, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2 da.

8. AGE: Years 84 Months 4 Days 11  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Coronary artery disease

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

Due to \_\_\_\_\_

10. Usual occupation Farmer (retired)

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

11. Industry or business Retired Farmer

Major findings: Of operations \_\_\_\_\_

12. Name David Albyander

Of autopsy \_\_\_\_\_

13. Birthplace Mercer Co Penna  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary A. Brooks

15. Birthplace Green Castle Ind.  
 (City, town, or county) (State or foreign country)

16. (a) Informant W. H. Waunder  
 (b) Address Clarinda Iowa

17. (a) Burial (b) Date thereof 6-28-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Stanley Swanson  
 (b) Address Hobbs, Mo.  
 19. (a) June 25 (b) W. H. Waunder  
 (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)  
 (a) Means of injury \_\_\_\_\_

23. Signature Theresa M. Johnson D. (M.D. or other) MD  
 Address Clarinda 2a Date signed 6/27/43

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

4  
0  
0

**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.

*myself*

Signed

*Stanley Swanson*

Licensed Embalmer No.

*3963*

P. O. Address

*Holbrook, 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.**