DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25836

State File No.

FILED AUG 5 1943

Registration District No. 292 — Primary Registration District No. 6001 — Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town Huntington, R F D (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sa[illegible]

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED: 87

(a) State Mo (b) County Ralls 0

(c) City or town Huntington, Mo (If outside city or town limits, write "RURAL")

(d) Street No. Rurual (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ferdinand S. Alexander

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Margaret Alexander

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 20 (Day) 1853 (Year)

8. AGE: Years 89 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Ralls Co Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Mercahnt- retired

11. Industry or business Own Business

FATHER
12. Name Geroge W. Alexander
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Susan Armstrong
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant's own signature Bartho Watts

(b) Address Huntington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13 (Month) (Day) (Year)

(c) Place: burial or cremation Center Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address Center Mo

19. (a) 6-25-43 (Date received local registrar) (b) Mrs. Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th year 4; hour 10 minute a M.

21. I hereby certify that I attended the deceased from May 5 - 1943, to June 11 - 1943, that I last saw him alive on June 10 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	25
& Fibrosis of Throat	days
Due to General Arteria	
Sclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

83a

Major findings:
Of operations

Of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Mo Date signed 6/14/43

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-1-39 1 X19511

RECEIVED
District Health Officer No. 10
District File Number 8-431220
Date Filed AUG 3 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 [illegible]

Licensed Embalmer No. 3356

P. O. Address Cuba, 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, above space should be left blank.