

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34102

State File No. _____

Registrar's No. 1186

FILED NOV 2 1943
Registration District No. 1000

Primary Registration District No. 1000

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:
723 South 17th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ernest Alexander
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 493-18-3834

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Claudia
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 28, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 6 28 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Absolem Alexander

12. Name Centerville, Iowa
(City, town, or county) (State or foreign country)

13. Birthplace Rose Majors
(City, town, or county) (State or foreign country)

14. Maiden name unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Claudia Alexander
(b) Address 723 South 17th St, St. Joseph

17. (a) Burial (b) Date thereof 10-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo

18. (a) Signature of funeral director Barry Funeral Home
(b) Address 218 South 10th St, St. Joseph, Mo.

19. (a) 11-30-43 (b) Charles H. Kerner
(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. 723 South 17th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 26
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 20
1943, to Oct 25 1943
that I last saw him alive on Oct 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Birth of River 3 months
Duration _____

Due to _____
Due to _____

Other conditions 124 fl
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Charles H. Kerner

23. Signature Charles H. Kerner
Address 221 Kirkpatrick Bldg 10-28-1943

Address St. Joseph, Mo

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

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, fact should be so stated above.