

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 6 1944 54
Registration District No.

Primary Registration District No. 4519

Registrar's No.

1. PLACE OF DEATH: Texas

(a) County Texas

(b) City or town Cabool

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 101

(a) State Mo (b) County Texas

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME John Wilkerson Alexander

3. (b) If veteran, name war: None

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
1943 year 9 hour 30 minute 0 A.M.

21. I hereby certify that I attended the deceased from Dec 24
1943 to Dec 25, 1943
that I last saw him alive on Dec 24, 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, 2 divorced

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

7. Birth date of deceased August 17 1866
(Month) (Day) (Year)

Immediate cause of death Influenza

Due to Bronchial Pneumonia 2 days

8. AGE: Years 77 Months 4 Days 18 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death) 33a

Major findings: Of operations: 33a

Of autopsy: 33a

PHYSICIAN: 33a

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

11. Industry or business

12. Name William Alexander

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

14. Maiden name Nancy Johnson

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

16. (a) Informant Ray Ellis

(b) Address Cabool

17. (a) Burial (b) Date thereof Dec-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabool

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

18. (a) Signature of funeral director Engelbert Elliott

(b) Address Cabool

19. (a) Dec-27-43 (b) Mr. Lou Miller
(Date received local registrar) (Registrar's signature)

23. Signature John Ellis (M. D. or other) 0

Address Cabool Mo Date signed Dec 28 43

1223 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File Number 14413

Date Filed 1-5-44

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.....

Gaylord V. Elliot

Licensed Embalmer No. 2252

P. O. Address..... Cabool 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.