

FILED FEB 9 1944
Registration District No. **316**

Primary Registration District No. **4462**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County **St. Francois**

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

(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**

(c) City or town **Elvins, Mo.**
(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 _____

3. (a) PRINT FULL NAME **Martin Lynn Alexander**

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **18**
year **1944** hour **eight** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **Jan. 17**, 19**44**, to **Jan. 18**, 19**44**, that I last saw him alive on **Jan. 18**, 19**44**, and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or Race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Augusta** (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **April 12 1877**
(Month) (Day) (Year)

Immediate cause of death **cerebral hemorrhage** 24 hrs.

8. AGE: Years Months Days If less than one day

67 **9** **6** hr. min.

Due to **Hypertension**

9. Birthplace **St. Francois Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Billiard Hall operator**

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name **Wm Alexander**

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

14. Maiden name **Ritter**

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

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 _____

16. (a) Informant **Augusta Alexander**

(b) Address **Elvins Mo**

17. (a) **Burial** (Burial, cremation, or other) (b) Date thereof **1-21 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Boe Run Cemetery**

18. (a) Signature of funeral director **Edwell Bro**

(b) Address **Flat River Mo**

19. (a) **JAN. 25 1944** (b) **Byrdie Buhmester**
(Date received local registrar) (Registrar's signature)

23. Signature **W Dean Morris** (M. D. or other) **M.D.**

Address **Elvins, Mo.** Date signed **1-24-44**

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

94
3
1

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 244-3304
Date Filed 2-7-44

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.....

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.