

FILED FEB 18 1944

Registration District No. 373

Primary Registration District No. 6271

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural, Washington township
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Noah A. Alexander

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ada A. Alexander 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased January 13 - 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>10</u>	<u>23</u>	<u>X</u> hr. <u>X</u> min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name William Alexander

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

14. Maiden name Mathis

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

16. (a) Informant Mrs. Ada A. Alexander

(b) Address Burial

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7 - 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mathis Cemetery

18. (a) Signature of funeral director W. J. Tamm

(b) Address Marshfield Mo.

19. (a) Feb. 2 - 44 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6 year 1943 hour 11:30 minute A.M.

21. I hereby certify that I attended the deceased from Dec-1-1943 to Dec-6-1943

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Double Lobar Pneumonia

Due to

Due to

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature W. J. Schmitt (M. D. or other)

Address Union Date signed 26-44

1344

RECEIVED

District Health Officer No. 6,

District File Number 244-246

Date Filed FEB 15 1944

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.