

FILED MAY 13 1944

Registration District No. 290

Primary Registration District No. 5987

State File No.

Registrar's No. 45

1. PLACE OF DEATH:

- (a) County Pulaski
(b) City or town Hancock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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)

3. (a) PRINT FULL NAME John Alexander

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha T. Alexander 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased June 11, 1859
(Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>84</u> | <u>10</u> | <u>17</u> |hr.min. |

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

10. Usual occupation Retired

11. Industry or business

12. Name B. C. Alexander
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Betsy A. Jones
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Eva Alexander

- (b) Address Hancock, Missouri

17. (a) Burial (b) Date thereof 4/30/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Dixon Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

- (b) Address Dixon, Missouri

19. (a) MAY 11-1944 (b) Chas McDodd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pulaski
(c) City or town Hancock
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1944 hour minute 7:50 P.M.

21. I hereby certify that I attended the deceased from 4/11 to 4/28, 1944
that I last saw him alive on 4/25 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to Infirmitie of age

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
10 days

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

23. Signature A. J. Bridger (M. D. or other)
Address Dixon, Mo. Date signed 4/28-44

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.....

April 28, 1948

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Fred D. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.