

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17351

State File No.

Registrar's No.

FILED JUN 6 1944
Registration District No. 27

Primary Registration District No. 5079

1. PLACE OF DEATH

(a) County Bates
(b) City or town Spencer Twp - rural
(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 48 years, months or days

3. (a) PRINT FULL NAME FLOYD T. ALEXANDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-14-1744

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nadine Alexander 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Dec 22 1895 (Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business

12. Name Owen G. Alexander
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Butler
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Nadine Alexander

(b) Address Butler, Mo R-1

17. (a) burial (b) Date thereof May 23 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnstown

18. (a) Signature of funeral director Butler

(b) Address Butler, Mo

19. (a) 5-23-44 (b) Kulene Compton (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates 7
(c) City or town Spencer Twp - rural (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 May day 21 year 1944 hour 10 minutes 30 a.m.

21. I hereby certify that I attended the deceased from April 4 1943 to May 21 1944 that I last saw him alive on May 21 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocardia

Due to Chr. Bronchial

Other conditions As thymia (Include pregnancy within 3 months of death)

Major findings: Of operations 93d 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? _____ (c) Means of injury _____

23. Signature Chas. H. Kula (M. D. or other) M.D.
Address Butler, Mo Date signed 5/27/44

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

1004

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 5-44-699

Date Filed 6-5-44

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

C. E. Culver

Licensed Embalmer No.

2576

P. O. Address

Butler, 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.