S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21683

State File No. 1

Registration District No. 1 — Primary Registration District No. 3025 — Registrar's No. 60

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: West Plains (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Howell
(c) City or town: West Plains (If outside city or town limits, write "RURAL")
(d) Street No.: N. Maple (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Alexander Washington Mahan
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: Minnie Mahan
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Feb (Month) 13 (Day) ____ (Year)

8. AGE: Years 74 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace: Todd Co (City, town, or county) Ky! (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: G. B. Mahan
13. Birthplace: ____ (City, town, or county) Ky! (State or foreign country)
14. Maiden name: Nancy A Dendy
15. Birthplace: ____ (City, town, or county) Ky! (State or foreign country)
16. (a) Informant: Garry Dillagan
(b) Address: West Plains, Mo.
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof: 6 6 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Barnett
18. (a) Signature of funeral director: Robertsons
(b) Address: West Plains, Mo.
19. (a) 6/15-44 (Date received by local registrar) (b) Jas. I. Fadler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 4 year 44 hour 8 minute 05 P.M.
21. I hereby certify that I attended the deceased from 5-2-, 1944, to 6-4-, 1944; that I last saw him alive on 6-3-, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	4-26-44
Right hemiplegia	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

23. Signature: E. E. Bohrer (M. D. or other) MD
Address: West Plains, Mo. Date signed: 6-10-44

(Licensed Embalmer's Statement on Reverse Side)

Bohrer

RECEIVED
District Health Officer No. 5,
District File Number 744388
Date Filed 7-8-44

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. [redacted], working under my personal supervision.

Signed R. A. Robertson

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.