

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

Registration District No. 239

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5825

State File No. 34854

Registrar's No. 4356

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Risco Comd July
(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 1
In this community Three years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Drake Alexander

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife: ✓ 6. (c) Age of husband or wife if alive 7 years (Month) (Day) (Year)

7. Birth date of deceased: July (Month) (Day) (Year) 1868
8. AGE: Years 76 Months 3 Days 4 If less than one day hr. ✓ min.

9. Birthplace Farrington (City, town or county) no (State or foreign country)

10. Usual occupation Retired Rail Way Conductor

11. Industry or business

12. Name Refus Alexander
13. Birthplace Ky (City, town or county) (State or foreign country)
14. Maiden name Martha Wadlow
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Lula Hardy

(b) Address Lubbock Texas

17. (a) Burial (b) Date thereof OCT 13 44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amopolis Cemetery

18. (a) Signature of funeral director Thomas E Knight

(b) Address perma

19. (a) OCT 13/44 (b) Mrs S B Rademaker (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Risco (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 no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11 year 1944 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from OCT 10 1944 to OCT 11 1944 that I last saw him alive on OCT 11 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis - started Oct 10
Due to: Blood Pressure High

Due to: ✓

Other conditions: ✓ (Include pregnancy within 3 months of death) 932

Major findings: ✓
Of operations: ✓

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?

While at work? ✓ (Specify type of place) (or means of injury)

23. Signature Refus Alexander (in S. or other) ✓
Address perma Date signed OCT 13/44

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

RECEIVED

District Health Office No. 2,

District File Number 11-44-1506

Date Filed 11-8-44

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.....,
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.