

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34957

State File No.

Registration District No. 272

Primary Registration District No. 4403

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemisco
(b) City or town Stale
(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 6 years (Specify whether years, months or days)
In this community 6 years

3. (a) PRINT FULL NAME Robert Fulton Alexander

3. (b) If veteran, name war 70 3. (c) Social Security No none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Elizabeth Alexander (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July 16, 1874 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Harden County Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Bruce Alexander

13. Birthplace Harden County Tennessee (City, town, or county) (State or foreign country)

14. Maiden name Sis Turner

15. Birthplace Harden County Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Homer Alexander

(b) Address Stale, Missouri

17. (a) Burial (b) Date thereof 8-24-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Am. Stale, Mo

18. (a) Signature of funeral director Chapman

(b) Address Stale, Mo

19. (a) 10-7-44 (Date received local registrar) (b) Norothy Kamra (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemisco
(c) City or town Stale
(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 August day 22 of year 1944 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from Aug 22 1944 to Aug 22 1944
that I last saw him alive on Aug 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

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?

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

23. Signature J Chapman (M. D. or other)

Address Stale Mo Date signed 9-5-44

10-44-238

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.....

John H. German

Licensed Embalmer No. *4355*

P. O. Address *Steele, Mo. Bnd 7*

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.