

FILED NOV 10 1944

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Schuyler  
 (b) City or town Queen City, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home--Queen City, Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 In this community Life  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Joseph B. Alexander

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Jennie L. Alexander 6. (c) Age of husband or wife if alive 88 years  
 7. Birth date of deceased Jan. 15 1854  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 8 12 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business.....

12. Name Hugh D. Alexander  
 13. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah E. Finnel  
 15. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amara Watkins  
 (b) Address Glenwood, Missouri  
 17. (a) Burial (b) Date thereof 10/1/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New Harmony Cemetery

18. (a) Signature of funeral director B. E. Kirby  
 (b) Address Kirksville, Mo.  
 19. (a) Oct 1, 1944 (b) P. Justice  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler  
 (c) City or town Queen City, Mo.  
 (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 .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27  
 year 1944 hour 10:30 minute PE M.

21. I hereby certify that I attended the deceased from Sept. 27 to Sept. 27  
 and that I last saw him alive on Sept. 27 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Inferiorities & old age Duration .....

Due to .....  
 Due to .....  
 162

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)  
 23. While at work? (e) Means of injury 2  
 Signature C. E. Kirby (M. D. or other) Do.  
 Address Kirksville, Mo. Date signed 9-28-44

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

RECEIVED

District Health Officer No. 10

District File Number 10-44-1822

Date Filed NOV 8 1944

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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. 4181

P. O. Address Butteville 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.**