S. No. 2
M—8-43
V. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2000

FILED FEB 9 1945

Registration District No. 5289

Primary Registration District No. 5289

Registrar's No. 127

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

1. **PLACE OF DEATH:**
(a) County Clay
(b) City or town Rural Gallatin Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution (Home) R#5 No Kansas City, Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / Home (Specify whether)
In this community 24 years (years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Clay 24
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R#5 No Kansas City, Mo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edgar A Alexander
3. (b) If veteran, name war
3. (c) Social Security No. 499-07-7291

4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Oct (Month) 27 (Day) 1873 (Year)

8. AGE: Years 71 | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Rockport (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Retired Construction Work
11. Industry or business Construction Work
FATHER
12. Name Unknown Alexander
13. Birthplace Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace , , (City, town, or county) (State or foreign country)
16. (a) Informant R W Alexander
(b) Address R 5 no KC no
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty - Mo
18. (a) Signature of funeral director Morton Funeral Home
(b) Address no, Kansas City Mo
19. (a) Jan 2-1945 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 31
year 1944 hour 2 minute 20 P M.
21. I hereby certify that I attended the deceased from Dec 27, 1944, to Dec 31, 1944, that I last saw h— alive on Dec 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm F Goodson (M. D. or other)
Address Liberty Mo Date signed 1/1/45

(Licensed Embalmer's Statement)

RECEIVED
District Health Officer No. 8,
District File Number_____
Date Filed 1-16-45

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 R Morton

Licensed Embalmer No. 4349

P. O. Address Modoc Ill

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.