

FILED MAR 13 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

6806

Registration District No. 209

Primary Registration District No. 2043

Registrar's No.

37

1. PLACE OF DEATH:

(a) County Maxion  
(b) City or town Narripa  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lexington Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls  
(c) City or town Perry  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Alexander

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Bessie (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug-24-1896  
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mexico MO A  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Oscar Alexander  
13. Birthplace MO A  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gibbon  
15. Birthplace MO A  
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Alexander  
(b) Address Perry, MO

17. (a) Burial (b) Date thereof Jan 21-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director James O'Flaherty

(b) Address Narripa MO

19. (a) 2-2-45 (b) R. W. Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1945 hour \_\_\_\_\_ minute 20 M.

21. I hereby certify that I attended the deceased from Nov 21-1944 to Jan 18-1945  
that I last saw him alive on Jan 18-1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis  
myocarditis Duration 5 yrs

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 13/10  
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 R. W. Connor (M. D. or other) \_\_\_\_\_  
Address Narripa MO Date signed 2-2-45

1146

(Licensed Embalmer's Statement on Reverse Side)

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

54  
3  
9

MOTHER FATHER

**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 Michael J. O'Donnell  
Licensed Embalmer No. 3246  
P. O. Address Hannibal 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.**