

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED APR 12 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10726**
 Registrar's No. **53**

Registration District No. **324**

Primary Registration District No. **372**

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Marshall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
509 East Eastwood
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community All his life
 years, months or days)

3. (a) PRINT FULL NAME Charles Dewey 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 Margaret Black Alexander 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased July 27th, 1870
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 27 hr. _____ min.

9. Birthplace Saline County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles Dewey Alexander
 13. Birthplace Bloomington Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Jane Harris
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. D. Alexander
 (b) Address 509 East Eastwood, Marshall, Mo.

17. (a) Burial (b) Date thereof March 25, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Charles R. Rine
 (b) Address Marshall, Mo.

19. (a) 4-4-1945 (b) Mrs. J. B. Washburn
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
 (c) City or town Marshall 1
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. 509 East Eastwood
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1945 hour 1 minute 7 M.
 21. I hereby certify that I attended the deceased from March 18 to March 24, 1945
 that I last saw him alive on March 23, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
Neurovascular 6 days.
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations g 300
 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 Washburn (M. D. or other) _____
 Address _____ Date signed 3/24/45

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 4/10/42

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

R. W. Campbell Jr.

Licensed Embalmer No.

2469

P. O. Address

Marshall 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.