S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1945

Registration District No. 96

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16716

Primary Registration District No. 4158

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Buffalo
(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 (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Buffalo 30
(If outside city or town limits, write "RURAL")

(d) Street No. 11
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME REDGE EUGENE 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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 30 (Day) 1944 (Year)

8. AGE: Years | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Buffalo (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Wm Alexander
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lillian Lambeth
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Lillian Alexander
(b) Address Buffalo Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Church Grove

18. (a) Signature of funeral director L B Jones
(b) Address Buffalo Mo

19. (a) 6-1-45 (Date received local registrar) (b) L B Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1945 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 25, 1945, to April 29, 1945 that I last saw him alive on April 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 5 days
Pneumococic Meningitis — 4 days

Due to Pneumococcus

Due to

Other conditions Hydrocephalus — Life
(Include pregnancy within 3 months of death)

Major findings:
Of operations None 108
Of autopsy None

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 G C Thimmer (M. D. or other) MD

Address Buffalo Mo Date signed 6-1-45

1371

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 7,472

5-45

Date Filed 6-5-45

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 Leonard B. [illegible]

Licensed Embalmer No. 2508

P. O. Address Buffalo Wo

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.