

FILED JUN 13 1945

Primary Registration District No. 3056

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community Entire Life
years, months or days)

3. (a) PRINT FULL NAME ARTHUR MERRILL ALEXANDER

3. (b) If veteran, name war None 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 Kate Alexander 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Sept - 28 - 1880
(Month) (Day) (Year)

8. AGE: 64 Years 7 Months 24 Days If less than one day
hr. min.

9. Birthplace PTD. Madison MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Alexander
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Emma Zetserstein
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. M. Alexander
(b) Address PTD #3 Moberly, MO.

17. (a) Burial (b) Date of death May - 24 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Missouri

18. (a) Signature of funeral director John General Home
(b) Address Moberly, Missouri

19. (a) 5-24-45 (b) Verna Rave
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #3
(If rural, give location) Moberly
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1945 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from May 18, 1945, to May 22, 1945;
that I last saw him alive on May 22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 days
Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none
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 Dr. Dreyer (M: D. or other) MD
Address Hunterville, Mo Date signed 5/24/45

RECEIVED

District Health Officer No. 10

District File Number 6-45-983

Date Filed JUN 14 1945

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. M. Carter

Licensed Embalmer No.

4117

P. O. Address

Moherly 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.