

FILED JUL 28 1945

Primary Registration District No. 2000

Registrar's No. 523

1. PLACE OF DEATH:

(a) County: GREENE  
(b) City or town: Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Burge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 2 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: GREENE  
(c) City or town: Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 945 S. Robertson  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Harry W. Alexander  
(b) If veteran, name war: UNK.  
(c) Social Security No.: UNK.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 1  
year: 1945 hour: 3:30 minute: \_\_\_\_\_ M.

4. Sex: male 5. Color or race: white  
6. (a) Single, widowed, married, divorced: MARRIED  
(b) Name of husband or wife: Alexander  
(c) Age of husband or wife if alive: UNK. years  
7. Birth date of deceased: UNK. 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/10/45 to 7-1-45  
and that I last saw him alive on 7/6/45  
and that death occurred on the date and hour stated above.

8. AGE: Years: 63 Months: UNK. Days: UNK.  
If less than one day: hr. min.

Immediate cause of death: Coronary Disease  
Duration: 15 min

9. Birthplace: Chicago Ill.  
(City, town, or county) (State or foreign country)

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

10. Usual occupation: Retired

Other conditions: End Arteritis  
(Include pregnancy within 3 months of death)

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

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

12. Name: ALEXANDER, Douglas Alexander  
13. Birthplace: MARIETTA Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Walpole  
15. Birthplace: MARIETTA Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Douglas Alexander  
(b) Address: 945 S. Robertson Spfld, Mo

17. (a) Burial (b) Date thereof: 7-9-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: First Lawn

18. (a) Signature of funeral director: A. T. H. Johnson  
(b) Address: 534 S. Lewis St. Spfld, Mo

19. (a) 7-3-45 (b) or NE Hasselberg  
(Date received local registrar) (Registrar's signature)

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: C. E. Fuller (M. D. or other)  
Address: Springfield, Mo Date signed: 7-9-45

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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.....

*C. A. Roof*

Licensed Embalmer No.....

*3044*

P. O. Address.....

*Springfield 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.**

*X*