S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

24206

FILED AUG 13 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 143

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
McCune-Brooks Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage - Rural - Marion Twn. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. #3. Carthage 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME IDA FATHERINGHAM ALEXANDER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William K. Alexander

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

7. Birth date of deceased August (Month) 15, (Day) 1870 (Year)

8. AGE: Years 74 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Ausmas
13. Birthplace X (City, town, or county) Ill. (State or foreign country) 1

MOTHER
14. Maiden name Elizabeth Patterson
15. Birthplace X (City, town, or county) Ill. (State or foreign country) 1

16. (a) Informant William Ausmas
(b) Address Laclede, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-45 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri

19. (a) 7-23-45 (Date received local registrar) (b) Elizabeth Caryline (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20, year 1945 hour 2:20 minute P.M.

21. I hereby certify that I attended the deceased from July 15, 1945 to July 20, 1945 that I last saw her alive on July 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart

Due to Chronic Valvular Heart

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)

Address Passaic MO Date signed 7-23-45

1203

(Licensed Embalmer's Statement on Reverse Side)

45-7-604

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 Eddie Ulmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.