

FILED AUG 29 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 280

Primary Registration District No. 5961

Registrar's No. 16

1. PLACE OF DEATH:
(a) County Platte
(b) City or town near East Leavenworth
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none Ill Fmp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether)
In this community Entire Life
years, months or days

3. (a) PRINT William Lindsey Alexander
FULL NAME
(b) If veteran, name war XX
(c) Social Security No. XX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Bertha Burt 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Feb. 5 1882
(Month) (Day) (Year)

8. AGE: 63 Years 5 Months 2 Days If less than one day
hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Edgar Alexander
13. Birthplace Buchanan Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Virginia Tumlin
15. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William L. Alexander
(b) Address East Leavenworth, Missouri

17. (a) Burial (b) Date thereof July 9, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Platte City Cemetery

18. (a) Signature of funeral director Vaughn Funeral Home
(b) Address Weston, Missouri

19. (a) 7-10-45 (b) Mrs. Clay Liffie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte 83
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. near East Leavenworth (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th.
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May
30 1945 to July 7 1945
that I last saw him alive on May 30 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration
(right sided paralysis of arm and leg, and speech paralysis) 3 mo.
Due to Cerebral arteriosclerosis 4 yrs.

Due to Senile dementia 2 yrs

Other conditions General arteriosclerosis 4 yrs
(Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy None made gfw
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) XXX
(b) Date of occurrence XXX
(c) Where did injury occur? XXX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXX

While at work? XXX (Specify type of place) (e) Means of injury XXX
23. Signature Lewis C. Calvert (M.D. or other)
Address Weston Missouri Date signed 7/10/45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.