S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Boyer

State File No. 38150

Registration District No. 3744 Primary Registration District No. 3052 Registrar's No. 324

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

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

(d) Street No. 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME NANCY JANE ALEXANDER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 11 (Month) 28 (Day) 1945 (Year)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Thomas E. Alexander
13. Birthplace Pettis Co. (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Mary E. Hieronymus
15. Birthplace Pettis Co. (City, town, or county) Mo. X (State or foreign country)

16. (a) Informant Thomas E. Alexander
(b) Address Sedalia, Mo. RFD # 5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/45 (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Geo. Dillard
(b) Address Sedalia

19. (a) 11/30/45 (Date received by local registrar) C. J. Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 29
year 1945 hour 5-15 minute A M.

21. I hereby certify that I attended the deceased from 11-28, 1945, to 11-29, 1945; that I last saw her alive on 11-29, 1945; and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Prematurely	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 J. E. Boyer (M. D. or Coroner)

Address Sedalia Mo Date signed 11/30/45

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED Order No. 8

12-6-47

Date Filed

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 L. E. Boulelin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.