S. No. 2
M—8-43
. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38280

Registration District No. 3056 Primary Registration District No. 2943056 Registrar's No. 187

1. PLACE OF DEATH:
(a) County RANDOLPH
(b) City or town MOBERLY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WOODLAND HOSP 0
(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: 69
(a) State MO (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PAUL EDWARD ALEXANDER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced SING.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT. (Month) 14 (Day) 1945 (Year)

8. AGE: Years Months Days 27 If less than one day hr. min.

9. Birthplace MOBERLY MO. (City, town, or county) 0 (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name PAUL ALEXANDER III 0
13. Birthplace PARIS (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name EVELYN LAVERNE MOOREHEAD
15. Birthplace MONROE, CO. (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Paul Alexander III
(b) Address PARIS, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/12/45 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE, PARIS MO.
18. (a) Signature of funeral director Speed-Blakey
(b) Address Paris, Missouri
19. (a) 10/12/45 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 11
year 1945 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from OCT. 11 to OCT. 11, 1945 to OCT. 11, 1945
that I last saw him alive on OCT. 11, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ACUTE infectious ilio colitis	one week
Due to: CAUSE UNKNOWN	
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 (M. D. or other)
Address MOBERLY, MO. Date signed 10-12-45

1601 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-45-1661
Date Filed NOV 23 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.....

Licensed Embalmer No.....

P. O. Address..... Paris, Missouri.

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.