S. No. 2
M—8-43
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I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1946

State File No. 42784

Registration District No. 313 Primary Registration District No. 4544 Registrar's No. 65

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Webster

(c) City or town Niangua 112
(If outside city or town limits, write "RURAL")

(d) Street No. x 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Osa Madison Alexander

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lou Alexander

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

7. Birth date of deceased December-26-1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 22 If less than one day x hr. x min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Marel Alexander
13. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Mathis
15. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Alexander (son)
(b) Address Niangua, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-45
(Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Mathis

18. (a) Signature of funeral director Rex Gainey
(b) Address Marshfield, Mo.

19. (a) 12/17/45 (Date received local registrar) (b) J G McKinney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1945 hour 9 minute 10 p. M.

21. I hereby certify that I attended the deceased from Sept 1 1945 to Sept 18 1945
that I last saw him alive on Sept 18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of

Due to Face & Jaw, Right Side

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 0

23. Signature W F Schlicht (M. D. or other)

Address Niangua Date signed 12/13/45

(Licensed Embalmer's Statement on Reverse Side)

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 Lex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.