

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

15748

**FILED JUN 10 1946**

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 606

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Mo.

(c) Name of hospital or institution: Mo. Methodist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days  
(Specify whether years, months or days)

In this community 48 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2614 Olive  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hollis B. Alexander

3. (b) If veteran, name war None

3. (c) Social Security No. 491-09-0440

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Martha, deceased

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

7. Birth date of deceased Sept 26, 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>7</u>	<u>27</u>	hr. min.

9. Birthplace Salem, Neb. Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation Linotype operator

11. Industry or business K.R.C. Dailey Record

12. Name Jefferson Alexander

13. Birthplace Pittsboro Ind.  
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Miller

15. Birthplace Hudson Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Alexander

(b) Address 2614 Olive

17. (a) burial (b) Date thereof May 25 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter Beale & Bowman

(b) Address St. Joseph, Mo.

19. (a) May 27, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1946 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from March 18, 1946 to 5-23, 1946  
that I last saw him alive on 5-22, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Embarrass of Liver

Due to \_\_\_\_\_ ?

Due to \_\_\_\_\_ ?

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)

Address St. Joseph Mo Date signed 5/25/46

Duration

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

34

1919  
Eugene Wood

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**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, of Ev  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Eugene Wood  
Licensed Embalmer No. 3804  
P. O. Address 319 So 10th St Joseph, 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.**