

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

29544

State File No.

Registrar's No. 1020

FILED SEP 16 1946

STANDARD CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Berkeley
(b) City or town St. Joseph
(c) Name of hospital or institution St. Joseph #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 yr. 5 mo. 9 da
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Anderson Alexander

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M
5. Color or race negro

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased 1874 7
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 74 74 1
hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
74 1

10. Usual occupation laborer

11. Industry or business Not given

12. Name Not given

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

14. Maiden name 9

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

16. (a) Informant Wm St. Alexander

(b) Address St. Joseph, Mo.

17. (a) Removal (b) Date thereof Mo
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Univ. St. Joseph, Mo.

18. (a) Signature of funeral director Wm St. Alexander

(b) Address St. Joseph, Mo.

19. (a) Sept. 10, 1946 (b) Off. Noted
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark
(c) City or town Not given
(If outside city or town limits, write "RURAL")
(d) Street No. 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1946 hour 7 minute 0 M.

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

Immediate cause of death Pulmonary T.B. Duration Months

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) (f) Means of injury

23. Signature L. R. Throck (M. D. or other)
Address St. Joseph, Mo. Date signed 9/6/46

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

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.....

..... Wm. H. Alexander, Registered Apprentice No. 402,
working under my personal supervision.

Signed.....

Harold Bowman
Licensed Embalmer No. 3619

P. O. Address 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.