S. No. 2
M—5-43
. 5-17-39
o 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32589

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 148

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Audrain 4
(c) City or town: Mexico 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 119 S. Jefferson 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Emma 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: widowed
6. (b) Name of husband or wife: John J. Alexander
6. (c) Age of husband or wife if alive: 17 years
7. Birth date of deceased: May (Month) 17 (Day) 1860 (Year)

8. AGE: Years 86 Months 5 Days 0 If less than one day: hr. min.

9. Birthplace: Monroe County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: housewife
11. Industry or business:
MOTHER FATHER
12. Name: Clay Greening
13. Birthplace: Monroe County, (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name: Sallie Ann Smith
15. Birthplace: Monroe County, (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant: Mrs. Coil
(b) Address: Mexico, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Oct. 19-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Laddonia Cemetery
18. (a) Signature of funeral director: Earl E. Pierce
(b) Address: Mexico, Missouri
19. (a) 10/18/46 (Date received local registrar) (b) Blanche Healy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 17 year: 46 hour: 4 minute: 10 A.M.
21. I hereby certify that I attended the deceased from Sept 10, 1946, to Oct 17, 1946, and that I last saw him alive on Oct 16, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemiplegia	
Due to: Arteriosclerosis	
Due to: Senility - Chronic Colitis - 1	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 13D
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: 2
23. Signature: R. W. Van Hemerdal (Coroner or other) DO
Address: Mexico Date signed: 10-21-46

4

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10.46.1937
Date Filed OCT 23 1946

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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.