

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33989

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 144-1-12

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS (Specify whether
In this community ALWAYS years, months or days)

3. (a) PRINT FULL NAME JAMES F. ALEXANDER

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ANNA NEWHOUSE 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased JAN 24 1861 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 3 hr. min.

9. Birthplace LACLEDE CO MO (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business

12. Name M.H. ALEXANDER
13. Birthplace NASHVILLE TENN (City, town, or county) (State or foreign country)
14. Maiden name LUCINDA MARTIN
15. Birthplace U.S. (City, town, or county) (State or foreign country)

16. (a) Informant Verbal Statement Dr.

(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 10-28-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER S.

(b) Address LEBANON MO

19. (a) Nov. 1, 1946 (b) Orn. J. H. H. H. H. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
(c) City or town LEBANON (If outside city or town limits, write "RURAL")
(d) Street No. 118 N. MONROE (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 27 year 1946 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10-21- 1946 to 10-27-46, 1946;
that I last saw him alive on 10-27- 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Bronchial - Bilateral 7da.

Due to...
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) (c) Means of injury
While at work?

23. Signature R. E. Hanel (M. D. or other)

Address Lebanon, MO Date signed 10-30-46

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

Received 11-8-46
Laclede County Health Unit
File No. 10-46-152
Date Filed 11-9-46

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

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.