S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40068

State File No.

Registration District No. 96 Primary Registration District No. 6290 Registrar's No. 81

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Rural - S. Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Buffalo Mo 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 82-Yrs 3 mo. 26 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dallas 30
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Buffalo Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Milton Alexander
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Edith Alexander
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Aug (Month) 5 (Day) 1864 (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	3	26	hr. min.

9. Birthplace Dallas Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John W. Alexander 1
13. Birthplace Giles Co. (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Rebecca L. Ussery
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)
16. (a) Informant Edith Alexander
(b) Address Buffalo Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Louisburg
18. (a) Signature of funeral director Montgomery-Vaughan
(b) Address Buffalo Mo.
19. (a) Dec 11-46 (Date received local registrar) (b) Grace Petree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1
year 1946 hour 5 minute 30 P M.
21. I hereby certify that I attended the deceased from ....., 1944, to 12-1, 1946,
that I last saw him alive on 11-1, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senile Psychosis	2 yrs.
Due to: Cerebral Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 97
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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. O. Gannon (M. D. or other) M.D.
Address Buffalo Mo Date signed 12-6-46

80 (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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo 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.