

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18385

Registration District No. 280

Primary Registration District No. 1545-9 4416

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Platte City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Perry Alexander

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Lena Frances Alexander 7. (c) Age of husband or wife if ? years

7. Birth date of deceased April 22 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months _____ Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Dudley Alexander

13. Birthplace Platte County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Alice Russel

15. Birthplace Bucanan Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Porter

(b) Address Platte City, Mo.

17. (a) burial (b) Date thereof 5-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City Cemetery

18. (a) Signature of funeral director Rollins & Mitchell

(b) Address Platte City, Mo.

19. (a) May 20-47 (b) Mrs. G. P. Rollins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
(c) City or town Platte City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Revolver wound of head

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) Suicide

(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? 3

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Tom H. Hulbert Coroner
(Mr., Dr., or other)

Address Platte City, Mo Date signed _____

JUN 30 1947 KS
MAY 12 1959

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Frances M. Giffey*
Licensed Embalmer No..... *4393*
P. O. Address..... *Platte City, 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.