V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30243

Registration District No. 16 | Primary Registration District No. 3012 | Registrar's No. 140

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1407 No. Western
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Georgia May Alexander

3. (b) If veteran, name war

3. (c) Social Security No. 498-22-3443

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased August (Month) 9 (Day) 24 (Year)

8. AGE: Years	Months	Days	If less than one day
23	1	8	hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name George Durmeier
13. Birthplace Jonesburg (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Dora May Miles
15. Birthplace Jonesburg (City, town, or county) Mo. (State or foreign country)

16. (a) Informant George Durmeier
(b) Address Jonesburg Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesburg Mo

18. (a) Signature of funeral director L. A. Harding
(b) Address Jonesburg Mo

19. (a) Sept 17-1947 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 17
year 1947 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from Sept 19, 1947 to Sept 17, 1947 that I last saw h alive on Sept 17 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Heart Failure

Due to Cardio Vascular Renal Disease

Due to Syphilis - (Tertiary)

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)
While at work (e) Means of injury

23. Signature R. W. Van Nymegarden M.D. (M. D. or other)
Address Mexico Mo Date signed 9-19-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File number 9-47-1278
Date Filed SEP 23 1947

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 Earl A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg, 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.