

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30288

State File No.

Registration District No. 27

Primary Registration District No. 8003-

Registrar's No. 70

1. PLACE OF DEATH:

(a) County. Bates
(b) City or town. BUTLER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MEMORIAL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 mo 10 da
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Alice Alexander

3. (b) If veteran,
name war.

3. (c) Social Security
No. no

4. Sex. F /

5. Color or
race. W

6. (a) Single, widowed, married,
divorced. MARRIED

6. (b) Name of husband or wife.
CARL ALEXANDER

6. (c) Age of husband or wife if
alive 74 years

7. Birth date of deceased.
May (Month) 5 (Day) 1976 (Year)

8. AGE:

Years

Months

Days

If less than one day

71

2

26

hr.

min.

9. Birthplace. APPLETON CITY, MO

(City, town, or county)

(State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

12. Name. JOSE PRATT

13. Birthplace. White Hall New York

(City, town, or county)

(State or foreign country)

14. Maiden name. Mary Jane Taylor

15. Birthplace. Black Creek New York

(City, town, or county)

(State or foreign country)

16. (a) Informant. J. E. Alexander

(b) Address. APPLETON CITY, MO

17. (a) BURIAL (b) Date thereof. Aug 1 47

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation. APPLETON CITY, MO

18. (a) Signature of funeral director. Oscar Echloff

(b) Address. Appleton City, Mo

19. (a) Aug 4 1947 (b) (Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. July day. 30
year. 1947 hour. 5 minute. P. M.

21. I hereby certify that I attended the deceased from
March 1, 1947 to July 30, 1947

that I last saw her alive on July 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death. Heart failure

Uremic Coma

Chronic nephritis

Due to. Hemiplegia

Due to. Hypertension

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?

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

23. Signature. A. R. Hanson (M. D. or other) M.D.
Address. Appleton City Date signed. 7-31-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEPT. OF HEALTH OFFICER No. 7,
District File Number 8-47-1102
Date Filed 9-19-47

JUL 19 1950

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.....

Oscar Paklof

Licensed Embalmer No..... 39 x 2

P. O. Address..... *Applenton 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.