

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

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

41533

State File No.

FILED JAN 13 1948

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 76

## 1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Fayette Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lee Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 hrs.  
(Specify whether)  
In this community All his life  
(years, months or days)

3. (a) PRINT FULL NAME James Paul Alexander

3. (b) If veteran, name was ----- 3. (c) Social Security No. 491-28-9682

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased April 5, 1929  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
18 8 18 hr. min.

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

10. Usual occupation Student at Central Col

11. Industry or business -----

12. Name Robert L. Alexander

13. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Nell Carr

15. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert L. Alexander

(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 12/26/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette City Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 12-27-1947 (b) Dorothy Ann Jones  
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensee Emballment Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45  
(c) City or town Fayette  
(If outside city or town limits, write "RURAL")  
(d) Street No. 803 West Spring  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country -----

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23  
year 1947 hour 11:55 minute P. M.

21. I hereby certify that I attended the deceased from Dec 22  
1947, to Dec 23 1947  
that I last saw him alive on Dec 23 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute (rt. side) heart failure Sudden

Due to -----

Due to -----

Other conditions Acute pharyngitis - 3 days  
(Include pregnancy within 3 months of death)

Major findings: Of operations -----

Of autopsy Pulmonary valve - non functioning

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) (Country) (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 W. H. H. H. (M. D. or other) -----

Address Fayette, Mo Date signed 12-29-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-12-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, or by \_\_\_\_\_

*Lloyd O. Jasper*

Registered Apprentice No. 461

working under my personal supervision.

Signed \_\_\_\_\_

*Dwight A. Carr*

Licensed Embalmer No. 3340

P. O. Address Fayette 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.