

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42148

FILED DEC 26 1947

Registration District No. 169

Primary Registration District No. 4261

Registrar's No. 189

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Hurdland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52
(c) City or town Hurdland (If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SAMUEL L. ALEXANDER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 0

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife SUSAN BORNH 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased OCT. 27 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 18 If less than one day hr. min.

9. Birthplace SHELBY CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER

12. Name FRANKLIN ALEXANDER
13. Birthplace ✓
(City, town, or county) (State or foreign country)
14. Maiden name CORDELIA ALEXANDER
15. Birthplace ✓
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. D. Rainier
(b) Address Hurdland, Mo.

17. (a) burial (b) Date thereof 11-18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookside Cemetery

18. (a) Signature of funeral director Geo. B. Cooney, Jnr.
(b) Address Hurdland, Mo.

19. (a) Dec-15-47 (b) W. S. Hummel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th
year 1947 hour 7:30 minute 0 P.M.
21. I hereby certify that I attended the deceased from June 9, 1940 to November 15, 1947
that I last saw him alive on November 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration

Due to Senility

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 94A Of autopsy 94A
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 2

23. Signature Wm. W. Robber (M. D. or other) MO
Address Hurdland, Mo. Date signed 11/22/47

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

VS JAN 13 1960

VS FEB 5 1960

RECEIVED
District Health Officer No. 10
District File Number 12:47:1802
Date Filed DEC 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.....

Richard B. Kelly....., Registered Apprentice No. 467
working under my personal supervision.

Signed Geo B. Easley Jr.....

Licensed Embalmer No. 3755

P. O. Address Huddell M.....

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.