

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

44775

FILED APR 22, 1948

Registration District No. 1047

Primary Registration District No. 4176

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Malden
 (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 Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Albert Alexander

3. (b) If veteran, name war NO 3. (c) Social Security No. 202-09-4391

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

6. (b) Name of husband or wife Mola Alexander 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan 5 1881 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 21 hr. 4 min.

9. Birthplace Malden (City, town, or county) MO (State or foreign country)

10. Usual occupation Trail Way Clerk

11. Industry or business 110

12. Name William F. Alexander

13. Birthplace unknown (City, town, or county) KY (State or foreign country)

14. Maiden name unknown (City, town, or county) U.S.A. (State or foreign country)

15. Birthplace ✓ (City, town, or county) (State or foreign country)

16. (a) Informant Harry Alexander

(b) Address Jonesboro, Ark

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Malden Cemetery

18. (a) Signature of funeral director Thomas E. Knappe

(b) Address Anna

19. (a) 4/16/48 (Date received local registrar) (b) J. D. Alexander (Registrar's signature) 917

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin
 (c) City or town Malden
 (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 November day 26
 year 1947 hour 9 minute A 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 Coronary thrombosis
arterio sclerosis
chronic

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 97

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) (e) Means of injury _____

23. Signature J. D. Bailey M.D. (M. D. or other) _____
 Address Malden, MO Date signed 12-5-47

RECEIVED
District Health Office No.
District File Number 488-4
Date Filed 4-19

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.....

Wallace R. Knight....., Registered Apprentice No. 482
working under my personal supervision.

Signed Thomas C. Knight
Licensed Embalmer No. 2489

P. O. Address Parma 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.