

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 502
Registrar's No. 25

Registration District No. 59 Primary Registration District No. 4097

1. PLACE OF DEATH: **Cass**
(a) County **Cass**
(b) City or town **Harrisonville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1101 East Pearl** /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 years** (Specify whether years, months or days)
In this community **14 years**

3. (a) PRINT FULL NAME **Katherine Mildred Alexander**
3. (b) If veteran, **no** name war. **no**
3. (c) Social Security, **no** No. **no**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Joseph W. Alexander** 6. (c) Age of husband or wife if alive **15** years
7. Birth date of deceased **October 15 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	3	17	hr. min.

9. Birthplace **Pleasant Hill, Mo.** (City, town, or county) (State or foreign country)
10. Usual occupation **Housekeeper**

11. Industry or business
12. Name **Charles T. Thornton**
13. Birthplace **Parris Ky.** (City, town, or county) (State or foreign country)
14. Maiden name **Katherine Hathaway**
15. Birthplace **Mount Sterling Ky.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrsx Thomas Riffle**
(b) Address **Pleasant Hill, Mo.**
17. (a) **Burial** (b) Date thereof **2-4-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Pleasant Hill, Mo.**

18. (a) Signature of funeral director **Allen Brownfield**
(b) Address **Pleasant Hill, Mo.**
19. (a) **Feb. 9, 1948** (b) **Laura J. Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cass** 19
(c) City or town **Harrisonville, Mo.** /
(If outside city or town limits, write "RURAL")
(d) Street No. **1101 Pearl** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **2** year **1948** hour **5** minute **15 A.M.**
21. I hereby certify that I attended the deceased from **Jan. 22**, 1948, to **Feb. 2**, 1948
that I last saw her alive on **Feb. 1**, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Due to **Arterial Hypertension**

Other conditions (include pregnancy within 3 months of death)
Due to
Major findings: Of operations
Of autopsy

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. S. Triplett** (M. D. or other)
Address **Harrisonville, Mo.** Date signed **2-4-48**

OCT 20 1948

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.....

Glen D. Hill

Registered Apprentice No. *8*

working under my personal supervision.

Signed.....

Allen Brownfield

Licensed Embalmer No. *3285*

P. O. Address.....

Pleasant Hill, 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.