

FILED FEB 4 1948

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 20

1. PLACE OF DEATH:

(a) County VERNON  
(b) City or town Washington TWP-rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
STATE Hospital #3 21  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 yrs 4 mos 10 days  
(Specify whether  
In this community same  
years, months or days)

3. (a) PRINT FULL NAME HAROLD BRADFORD ALEXANDER

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

4. Sex M 5. Color or race W 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 DK  
(Month) (Day) (Year)

8. AGE: Years 45 Months - Days - If less than one day hr. - min.

9. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name ALPHA C. ALEXANDER

13. Birthplace DK IL 4  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie IL

15. Birthplace DK IL 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address STATE Hospital #3

17. (a) Burial (b) Date thereof 1-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director John J. Frazier

(b) Address Neversley Ave

19. (a) 1-26-48 (b) Mathew Hancey  
(Data received local registrar) (Registrar's signature) 2 31

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 907 West Walnut St. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 23  
year 1948 hour 12:05 minute A M.

21. I hereby certify that I attended the deceased from 1-17 1948 to 1-23 1948;  
that I last saw him alive on 1-22 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 1yr+

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None 3

Of autopsy None 1

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)  
(e) Means of injury \_\_\_\_\_

23. Signature Jamae Pascoe (M. D. or other)

Address State Hosp #3 Date signed 1-25-48

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

RECEIVED  
District Health Officer No. 7,  
District File Number 1-48-19  
Date Filed 2-3-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Marsh Eichegger  
Licensed Embalmer No. 2626  
P. O. Address Yreka, 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, above space should be left blank.