

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7856

FILED MAR 22 1948

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 336

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 810 No. 4th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Susie Alexander

3. (b) If veteran, No 3. (c) Social Security No. None
name war.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased April 22 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 10 25 — hr. — min.

9. Birthplace Webster Parish, La.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housework

12. Name Mat Blaney

13. Birthplace (unknown)

14. Maiden name Charatie (unknown)

15. Birthplace (unknown)

16. (a) Informant Mr. George Killebrew

(b) Address 1315 Blatter street

17. (a) Burial (b) Date thereof 3-20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashtland Cemetery

18. (a) Signature of funeral director W. H. Alexander

(b) Address St. Joseph, Mo.

19. (a) 3-19-48 (b) W. H. Alexander
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 17
year 1948 hour 8 minute 30

21. I hereby certify that I attended the deceased from 3-17-48 to 3-17-48
that I last saw her alive on 3-17-48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chronic myocardiitis

Other conditions (Include pregnancy within 3 months of death)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 810 No. 4th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1948 hour 8 minute 30

21. I hereby certify that I attended the deceased from 3-17-48 to 3-17-48
that I last saw her alive on 3-17-48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chronic myocardiitis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 958
Of autopsy 958

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?
(Specify type of place)
While at work? (c) Means of injury 0

23. Signature E. Handley (M. D. or other) M.D.
Physicians & Surgeons St. Joseph, Mo. Date signed 3-19-48

Address St. Joseph, Mo.

Date signed 3-19-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

NOV 18 1955

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.....

Wm. H. Alexander

Licensed Embalmer No.....

4450

P. O. Address.....

St. Joseph, 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.