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5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 27 1948
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4099

State File No. 11805
Registrar's No. 12

1. PLACE OF DEATH: Cass Cass
(a) County CASS
(b) City or town PLEASANT HILL
(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 (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: Cass 19
(a) State Missouri (b) County
(c) City or town Pleasant Hill 2
(If outside city or town limits, write "RURAL")
East Part of Town 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARY ALEXANDER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William Alexander March
6. (c) Age of husband or wife if alive 6 1867 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Kingsville, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Paul
13. Birthplace Kingsville, Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unk.
15. Birthplace Unk. Unk. 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. KINIMAN
(b) Address Plea Pleasant Hill, Mo.
17. (a) Bural (Burial, cremation, or removal) (b) Date thereof 4-18-48 (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) April 22, 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature) 51

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 15
year 1948 hour 3 minute 30 a.m.
21. I hereby certify that I attended the deceased from Mar. 25, 1948, to apr. 15, 1948;
that I last saw her alive on apr. 14, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
92 B

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature L. V. Murray M.D. (M. D. or other)
Address Pleasant Hill, Mo. Date signed 4-16-48

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

AUG 21 1946

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 Glenn H. Hill, Registered Apprentice No. 8, working under my personal supervision.

Signed Allen Brumfield

Licensed Embalmer No. 3788

P. O. Address Pleasant Hill

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.