S. No. 2
M—1/47
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

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUN 1 1948

State File No. 16943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 179

64
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0

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Elizabeth Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/22/1948 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 217 South Sixth
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alice 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 9

6. (b) Name of husband or wife Smith Alexander

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 30, 1855 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	11	22	hr. min.

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

10. Usual occupation XX

11. Industry or business XX

FATHER
12. Name Robert Bridgeford
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Burke Clark
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. P. Richards
(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 5/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director [signature]
(b) Address 902 Broadway Hannibal Missouri

19. (a) 5-21-48 (b) Dr. E. M. Lucke 189
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1948 hour 4 minute 55 A. M.

21. I hereby certify that I attended the deceased from Jan 1947, to May 22 1948; that I last saw her alive on May 22 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ca of rectum	
Due to	
Due to	
Other conditions: Inanition + (Include pregnancy within 3 months of death) Chr myocarditis	
Major findings: Of operations: none	
Of autopsy: 46P	

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 [signature] (M. D. or other)

Address 1801 Bldg Hannibal Mo Date signed 5/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W. Beauford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.