

FILED JUL 23 1948

Registration District No. 224

Primary Registration District No. 3072

Registrar's No. 148

1. PLACE OF DEATH

- (a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Pain Reception House
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 months
(Specify whether all her life)
In this community all her life
years, months or days

3. (a) PRINT
FULL NAME

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Don't know 6. (c) Age of husband or wife if
alive Don't know years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 73 hr. min.

9. Birthplace Arrow Rock, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Involved

11. Industry or business

12. Name William Norton Alexander

13. Birthplace Arrow Rock, Mo
(City, town, or county) (State or foreign country)

14. Maiden name William Michael

15. Birthplace St Louis, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Francis Price

- (b) Address Marshall, Mo

17. (a) Removal (b) Date thereof July 10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation William, Mo

18. (a) Signature of funeral director James A. Salzer

- (b) Address St Louis, Mo

19. (a) July 12-1948 (b) Sidney J. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street W. Williams
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1948 hour 3 minute 28 P M.

21. I hereby certify that I attended the deceased from Jan, 1947, to July 8, 1948.
that I last saw her alive on July 8, 1948.
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic
Myocarditis Duration

- Due to

- Due to

- Other conditions
(Include pregnancy within 3 months of death)

- Major findings:
Of operations (1) 2 D

- 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) (Country) (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 James A. Salzer (M. D. or other)

- Address Marshall, Mo Date signed 7-12-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

7-22-48

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 _____

Richard V. Drummond

Registered Apprentice No. _____

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working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

James E. Jones
314
State St

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.