

FILED AUG 11 1948

Registration District No. 370

Primary Registration District No. 6255-

State File No. \_\_\_\_\_

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Wayne  
(b) City or town Greenville Penn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME LYMAN JAMES ALEXANDER

3. (b) If veteran, name war W.W.F 3. (c) Social Security No. —

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Div  
6. (b) Name of husband or wife Wazel 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased AUGUST 27 1899  
(Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Wayne Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Sign nail operator

11. Industry or business Sign nail operator

12. Name John Alexander

13. Birthplace Wayne Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine White

15. Birthplace Wayne Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John Alexander

(b) Address Wayne Co. Mo

17. (a) Burial (b) Date thereof 4 29 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wayne Co. Mo

18. (a) Signature of funeral director Mabel Beasley  
(b) Address Wayne Co. Mo

19. (a) Aug 7-48 (b) Mabel Beasley  
(Date signed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne  
(c) City or town Clubb  
(If outside city or town limits, write "RURAL")  
(d) Street No. Corran St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1948 hour 11 minute 1 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

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

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

Other conditions (Include pregnancy within 3 months of death) 936

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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) (c) Means of injury Car

23. Signature Gris S. Trushel (M. D. or other) Com

Date signed 7/24/48

Duration

15  
minutes

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 848-9  
Date Filed 8-10-4

APR 6 1951

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

Tris J. Moulton, Registered Apprentice No. 91  
working under my personal supervision.

Signed

William E. Cook

Licensed Embalmer No. 3723

P. O. Address Peelmont

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.