

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 - 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

M. Cook

27197

State File No.

Registration District No.

210

Primary Registration District No.

3050

Registrar's No.

621

1. PLACE OF DEATH:

(a) County Deming
(b) City or town Cannthumville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 922 Strand ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 years (Specify whether years, months or days)
In this community 1 1/2 years

3. (a) PRINT FULL NAME

Henry B. Alexander

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Vieta Alexander
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Mar 23 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Cerro Gordo Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retail Merchant

11. Industry or business

12. Name Bruce Alexander

13. Birthplace Cerro Gordo Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Cerro Gordo Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Ennis

(b) Address Cannthumville, MO

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

(c) Place: burial or cremation Mt Zion Cemetery

18. (a) Signature of funeral director George Lind. Co.

(b) Address Cannthumville, MO

19. (a) 9-7-48 (b) Henry B. Alexander
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deming
(c) City or town Cannthumville 78
(If outside city or town limits, write "RURAL")
(d) Street No. 922 Strand ave. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1948 hour 5 minute 45A.M.

21. I hereby certify that I attended the deceased from May 19 46, 1946 to Sept 3, 1948
that I last saw him alive on Sept 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure 1 hr
Due to acute Cardiac dilatation 1 hr

Due to Chronic interstitial nephritis 1-2 yrs or more

Other conditions Hypertensive C.V. Disease
(Include pregnancy within 6 months of death)

Major findings:
Of operations 9/3/48
Of autopsy
PHYSICIAN
Underline the cause to 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) Injury occurred in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (e) Means of injury

23. Signature D. W. Cook (M. D. or other)

Address Cannthumville, MO Date signed 9-4-48

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

9-48-244

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

Boyd B. Willis
Licensed Embalmer No. *4603*

P. O. Address *Caruthersville, 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.