

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28623

Registration District No. 381

Primary Registration District No. 6179

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Pollock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 48 Years

3. (a) PRINT FULL NAME James William Alexander

3. (b) If veteran, No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Alexander 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 30, 1870 (Month) (Day) (Year)

8. AGE: Years 78 Months C Days II If less than one day hr. min.

9. Birthplace Putnam County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farm

11. Industry or business Farming

12. Name Menley Alexander 13. Birthplace Don't Know Illinois (City, town, or county) (State or foreign country)
14. Maiden name Lethe Oylear 15. Birthplace Don't Know Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Alexander (b) Address Pollock, Missouri

17. (a) Burial (b) Date of death August 13, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pollock Cemetery

18. (a) Signature of funeral director Comstock Funeral Home (b) Address Unionville, Mo. By John Comstock

19. (a) Aug 25-1948 (b) Mrs. H.B. Harris (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Pollock (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 3. Aug 11, 1948 to Aug 11, 1948 that I last saw him alive on Aug 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 day
Due to arteriosclerosis & hypertension year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 836 Of autopsy 836
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) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) By Means of injury
23. Signature Phais L. Gaudin (M. D. or other) Do Address Unionville, Mo. Date signed 8-13-48

RECEIVED

District Health Officer No. 1

District File Number 8-48-15

Date Filed AUG 30 1948

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 Paul Cassidy, Registered Apprentice No. 76
working under my personal supervision.

Signed

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.