No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36073

FILED DEC 8 1948
Registration District No. 4176 Primary Registration District No. 4176 Registrar's No. 34

1. PLACE OF DEATH:
(a) County DUNKLIN
(b) City or town MALDEN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 (Specify whether
In this community TEN YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Malden, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 407 N. Morton (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME WILLIAM OTIS ALEXANDER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kate Estellea Fowler

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased MARCH (Month) 8 (Day) 1887 (Year)

8. AGE: Years 61 Months 8 Days 22 If less than one day) hr.) min.

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

10. Usual occupation Real Estate Agent

11. Industry or business Real Estate

FATHER
12. Name E. D. Alexander
13. Birthplace Hardin County (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mary Curtis
15. Birthplace Hardin County (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs Kate Alexander
(b) Address Malden, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie Cemetery Caruthersville, Mo

18. (a) Signature of funeral director Wallace R. Knight
(b) Address Malden, Missouri

19. (a) 11-30-48 (Date received local registrar) (b) J. D. Schumann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 year 1948 hour 2 minute 18 PM. M.

21. I hereby certify that I attended the deceased from 15 April, 19 47, to 28 Nov, 19 48, that I last saw h. l. M. alive on 28 Nov, 19 48, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia	36 hours
Due to Arterial embolism, left leg at knee with gangrene left leg & foot	9 days 7 mos.
Due to Coronary occlusion	
Other conditions (Include pregnancy within 3 months of death) Generalized Arteriosclerosis	

Major findings:
Of operations —
Of autopsy —

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

23. Signature Charles L. Williams (M. D. or other) MD
Address Malden, Mo. Date signed 29 Nov 48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1248-1611
Date Filed 12-6-48

DEC 21 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.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address Malden, 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.