

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39832
1469

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1402 Seymour St.		2017	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 218 So. 10th St.				d. STREET ADDRESS (If rural, give location) St. Joseph, Missouri			
3. NAME OF DECEASED (Type or Print)		a. (First) GEORGE		b. (Middle) ALEXANDER		c. (Last) ALEXANDER	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-2-1869	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		11. BIRTHPLACE (State or foreign country) Mercer Co., Missouri		12. CITIZEN OF WHAT COUNTRY? u.s.a.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary Alexander			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Forrest Alexander, Manitou Spgs. Col.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriolosclerosis ANTECEDENT CAUSES Arteriolosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) XXXXXX 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. XXXXXXX INTERVAL BETWEEN ONSET AND DEATH Unknown 232X			
19a. DATE OF OPERATION XXXX		19b. MAJOR FINDINGS OF OPERATION XXXXX		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) XXXXXX		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXX		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXXXXX			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXXXXX		21e. INJURY OCCURRED WHILE AT _____ NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? XXXXXX			
22. I hereby certify that I attended the deceased from Dec., 7, 1950, to Dec., 27, 1950, that I last saw the deceased alive on Dec., 26, 1950, and that death occurred at 1:25A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Clara P. Schumaker</i>				23b. ADDRESS Schneider Building St. Joseph, Missouri		23c. DATE SIGNED 12-29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-29-1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Jan 4, 1951		REGISTRAR'S SIGNATURE Carl C. Costello		FEDERAL DIRECTOR'S SIGNATURE <i>John G. ...</i>		ADDRESS St. Joseph, Mo.	

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.