THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH Health. FILED MAY 6 - 1957 Welfare 42 1000 Public Registration District No.Primary Registration District No. Registrar's No. Service USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY Buchanan . a STATE Missouri b. COUNTY Buchanan a state 300 b. CITY (If outside carparate limits, give TOWNSHIP only) Inside Limits c. CITY Inside Limits 1-56 St. Joseph St. Joseph OR Yes X No D Yes 25 No D TOWN c. FULL NAME OF (If NOT inhospital, give location) Length of stay in 1b STREET ADDRESS 719 No 13th Reside on Form HOSPITAL OR Meth. Hosp. d. STREET Yest No 🗆 🗙 NAME OF First Middle Last Month Year Day DECEASED OF April 1957 GLENN ELWOOD ALEXANDER (Type or print) 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. married 🍱 never marrjed 🔲 IF UNDER 1 YEAR IF UNDER 24 HRS Jan. 14, 1906 Male White DIVORCED [WIDOWED ... 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Htg. & Plg. Co. Carlow, Missouri U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Trotter Ira Alexander 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 719 No4ddr43th St. 491-09-629 Jennie Alexander (wife) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) .. Primary carcinoma of the kidne \$3 6 mos. Conditions, if any, which gave rise to above cause (a). stating the under-DUE TO (c) lying cause last. PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) PERFORMED? YES 🔣 NO 🗌 20a. ACCIDENT SUICIDE HOMICIDE 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) П П 20c. TIME OF Hour Month, Day, Year a. m." p. m. 20e. PLACE OF INJURY (e. g., in or about home, 20d. INJURY OCCURRED 20f. CITY, TOWN, OR LOCATION STATE farm, factory, street, office bldg., etc.) NOT WHILE WORK and last saw her alive on 44 21. I attended the deceased from Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE 226. ADDRESS (Degree or title) 23a. BURIAL, CREMATION 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d: LOCATION (City, town, or county) Memorial Park Cem. St. Joseph, Missouri 25. DATE RECD, BY LOCAL REG. Joseph, Mo (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

working under my personal supervision...

Student Signature of Student Embalmer

Licensed Embalment No. 3

P. O. Addre

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.