

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000362

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STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

DATE AMENDED, AMENDED, ITEM NO., SHOULD READ, AMENDMENTS ON THIS RECORD ARE AS FOLLOWS, INSTEAD OF, DOCUMENT, MEDICAL CERTIFICATION, BY AFFIDAVIT OF, LIFEWRITER NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b 1 Month c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 310 North 3rd St. Jackson Nursing Home Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) Not given

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wm. H. Alexander

Licensed Embalmer No. 4450

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.