

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28340**

**FILED SEP 6 1944**

Registration District No. **227**

Primary Registration District No. **01807**

Registrar's No. **42**

1. PLACE OF DEATH:

(a) County **Missouri**  
(b) City or town **Centralia, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Union Trust**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **lifetime** years, months or days

3. (a) PRINT FULL NAME

**Homer Alexander**  
(b) If veteran, ☒ (c) Social Security No. **1**  
name war \_\_\_\_\_

4. Sex **Male** 5. Color or Face **White** 6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **Beulah** (c) Age of husband or wife if alive **56** years  
7. Birth date of deceased **7-27-1888**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **00** Days **9** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Joshua Alexander**

13. Birthplace **Boone Co. Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Margaret Schoen**

15. Birthplace **Boone Co. Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ora Schuch**

(b) Address **Mexico, Mo.**

17. (a) **Buried** (b) Date thereof **8-8-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centralia, Mo.**

18. (a) Signature of funeral director **W. A. Thompson**

(b) Address **Madison, Mo.**

19. (a) **8-10-1944** (b) **Maynard Patton**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Missouri**  
(c) City or town **Centralia, Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? ☒ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **6**  
year **1944** hour **11** minute **45** M.

21. I hereby certify that I attended the deceased from **April 23**  
**1944** to **Aug 6** **1944**  
that I last saw him alive on **July 23**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** Duration **1 yr.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **46 f**  
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of Stomach**  
Of operations **Metastasis (Ellis Fissler)**  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

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)

(e) Means of injury \_\_\_\_\_

23. Signature **Ed Bestmann** (M.D. or other) **D.O.**

Address **Centralia, Mo.** Date signed **8/8/44**

(Licensed Embalmer's Statement on Reverse Side)

1374

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

RECEIVED

District Health Officer No. 10

District File Number 9-44-1498

Date Filed SEP 5 1944

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

*Mr. J. E. Thompson*

Licensed Embalmer No.

2282

P. O. Address

*Madison, 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.