

Geo. Pitt 33833

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 S 920 State File No. Registrar's No. 140

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Rural  
(c) Name of hospital or institution: Windsor Township  
(d) Length of stay: 13 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry  
(c) City or town Rural  
(d) Street No. 1 Mile South of Windsor, Mo.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Nancy Elizabeth Alexander

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife George Alexander 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July 12, 1881

8. AGE: Years 64 Months 1 Days 25 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Benton County, Missouri

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name James Neville

13. Birthplace unknown

14. Maiden name Lucy Green

15. Birthplace unknown

16. (a) Informant Roy Alexander  
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof Sept. 8, 1945  
(c) Place: burial or cremation Warsaw, Mo.

18. (a) Signature of funeral director Huston-Turner  
(b) Address \_\_\_\_\_  
19. (a) Sept 19-1945 (b) Windsor, Mo.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September 6  
year 1945 hour 3 minute 2 M.

21. I hereby certify that I attended the deceased from Aug 21  
to Sept 6 1945  
that I last saw her alive on Sept 6 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration \_\_\_\_\_

Due to emphysema of the viscera

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

23. Signature Geo. Pitt (M. D. or other) \_\_\_\_\_  
Address Windsor, Mo. Date signed 9-8-45

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

1220

1452

RECEIVED

District Health Officer No. 7,

District File Number 9-45-1029

Date Filed 10-19-45

**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 E. R. M. Huston

Licensed Embalmer No. 3391

P. O. Address Winston, N.C.

**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.**