S. No. 2
M—8-43
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I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40916

FILED JAN 8 1946

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 133

1. PLACE OF DEATH

(a) County Clay
(b) City or town Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community all of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town Liberty 2 (If outside city or town limits, write "RURAL")
(d) Street No. 250 Prairie St 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Vina Alexander
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Unknown (Month) Dead (Day) 1877 (Year)

8. AGE: Years 63 (unknown) Months Days If less than one day ____hr. ____min.
9. Birthplace Liberty (City, town, or county) Mo (State or foreign country) 6
10. Usual occupation House keeper
11. Industry or business

MOTHER FATHER
12. Name Albert Alexander
13. Birthplace (City, town, or county) Tenn (State or foreign country) 1
14. Maiden name Kate Alexander
15. Birthplace (City, town, or county) Tenn (State or foreign country) 1

16. (a) Informant Jane Blakeley
(b) Address Liberty Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview, Liberty Mo
18. (a) Signature of funeral director Church-Gochenour Co., Liberty, Mo
(b) Address
19. (a) Dec 24 1945 (Date received local registrar) (b) Marvin Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1945 hour found minute 10A M.
21. I hereby certify that I attended the deceased from ..... 19.. to ..... 19.. ; that I last saw Deceased alive on ..... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Found Frozen to death	
Due to In Shack	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

22. If death was due to external causes, fill in the following: 24
(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)
While at work (e) Means of injury 3

23. Signature John Thurston Coroner (M. D. or other)
Address Kansas City Mo Date signed 12-26-45

1412 (Licensed Embalmer's Statement on Reverse Side)

1-2-46

JAN 10 1946

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 Edgar Archer.

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.