

S. No. 2
 DM-5-43
 v. 5-17-39
 X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JUL 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20747**
 Registrar's No. **156**

Registration District No. **137**

Primary Registration District No. **4218**

1. PLACE OF DEATH:
 (a) County **Henry**
 (b) City or town **Windsor**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Community Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 hours**
 In this community **2 years**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Henry**
 (c) City or town ~~Windsor~~ **Windsor 2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **715 E. Jackson**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country: **U.S.A.**

3. (a) PRINT FULL NAME: George Franklin Alexander
 3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 5
 year **1947** hour **3** minute _____ **P.M.**
21. I hereby certify that I attended the deceased from 7-1-47 47
 _____, 19____, to **7-5-47**, 19____;
 that I last saw him alive on **7-5-47**, 19____;
 and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Nancy Alexander**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **October 22 1897**
 (Month) (Day) (Year)

Immediate cause of death **Myocardial Failure**
Coronary Thrombosis
 Duration **4 days**

8. AGE: Years **79** Months **8** Days **13**
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace: Benton County Missouri
 (City, town, or county) (State or foreign country)

Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation: Farming

Major findings: **94A**
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business:
MOTHER FATHER
 12. Name **John H. Alexander**
 13. Birthplace **unknown Unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Daisy Cox**
 15. Birthplace **Benton County Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Wesley Alexander
 (b) Address **Windsor, Missouri**

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? _____

17. (a) Burial: Warsaw, Missouri (b) Date thereof **7-8-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Warsaw, Missouri**

18. (a) Signature of funeral director: Huston Turley
 (b) Address **Windsor, Missouri**

While at work? _____ (Specify type of place) (e) Means of injury **2**
23. Signature: [Signature] (b) or other _____
 Address **Windsor Mo** Date signed **7-7-47**

19. (a) 7-9-1947 (b) **A.R. Kenney**
 (Date received local registrar) (Registrar's signature)

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

132
 220

RECEIVED
District Health Officer No. 7,
District No. 6-47-83
District File Number 7-14-47
Date Filed

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

William M. Sumner Registered Apprentice No. 470

working under my personal supervision.

Signed Edward J. Weston
3391

Licensed Embalmer No.

P. O. Address Windsor, Ma

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.