

FILED JUL 19 1941

Registration District No. _____

Primary Registration District No. 1

Registrar's No. 193

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

1. PLACE OF DEATH:

(a) County ADAIR

(b) City or town KIRKSVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
OPIM SMITH
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME CHARLES THOMAS ALEXANDER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color, or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife ARVETA ALEXANDER

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased September 19 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>9</u>	<u>9</u>	hr. _____ min.

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

Supt. of schools

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Ed Alexander

13. Birthplace Schuyler Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nettie Roberts

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

16. (a) Informant Arveta Alexander

(b) Address Donnellson, Iowa

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof June 30 1941
(Month) (Day) (Year)

(c) Place: burial or cremation: I.O.O.F cemetery

18. (a) Signature of funeral director Morehead

(b) Address Farncaster Mo

19. (a) July 5/41 (Date received local registrar)

(b) Spencer L. Freeman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Iowa (b) County 13

Donnellson 0

(c) City or town _____
(If outside city or town limit, write "RURAL")

(d) Street No. _____
(If rural, give location) 2

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from March
_____ 1935, to June 28 1941;
that I last saw him alive on June 28 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Respiratory failure during operation for gastric resection

Due to _____

Due to _____

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

Duration _____

Physician _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations ant & postop ulcers of first portion of duodenum

Of autopsy None

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? _____

3 While at work? _____
(Specify type of place) (e) Means of injury

23. Signature George E. Grim (M. D. or other) Dr. M.D.

Address Quicksville, Mo Date signed June 30

RECEIVED

District Health Officer No. 10

District File Number 7-41-1382

Date Filed JUL 16 1941

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.....

True & Minnie Marelead....., Registered Apprentice No.....

working under my personal supervision.

Signed Marelead.....

Licensed Embalmers No. 3731-3680

P. O. Address Lancaster 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, above space should be left blank.