

No. 2
-4-41
17-39
X28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38352

DEC 15 1941

State File No. _____

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 907A

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOHN'S HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 3 mo. 18 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 34
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 811 Garfield
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALVIN EUGENE ALEXANDER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 30 years 1941

7. Birth date of deceased. July (Month) 30 (Day) 1941 (Year)

8. AGE: Years 0 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Springfield Mo. D (City, town, or county) (State or foreign country)

10. Usual occupation Infant at home

11. Industry or business _____

12. Name Alvin C. Alexander

13. Birthplace Miller Co. Mo. U (City, town, or county) (State or foreign country)

14. Maiden name Dorothy A. Harrison

15. Birthplace Wibboston Kan 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy A. Alexander
(b) Address 811 Garfield, Springfield, Mo.

17. (a) burial (b) Date thereof Nov. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.
(a) Signature of funeral director W. H. Wagner & Co.
(b) Address Springfield, Mo.

19. (a) 11-19-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1941 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 11/16/41
1941 to 11/18 1941
that I last saw him alive on 11/18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 5 days

Due to primary cause
no other complications

Due to _____

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

Major findings: 107
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:
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____

Signature W. H. Wagner (M. D. or other) _____
Address Springfield Mo. Date signed 11/19/41

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

MOTHER FATHER

19

974

(Licensed Embalmer's Statement on Reverse Side)

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..... *Roy A. Gavin*.....
Licensed Embalmer No. *1763*.....
P. O. Address *Springfield 9*.....

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.

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