S. No. 2 M—2-43	DEPARTMENT OF COMMERCE STATE BOARD OF HE BURRAU OF THE CENSUS CTANDADD CEDTIC	EALTH OF MISSOURI	
. 5-17-39 . PI X35697	BURRAU OF THE CENSUS FILED 19CT 22 1945 STANDARD CERTIF Registration District No. Primary Registration District		
O O W	1. PLACE OF DEAFIL: (a) County Henry (b) City or town Rural (c) Name of hospital or institution: Windsor Township (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution. In this community 13 years (Specify whether years, months or days)	2. USUAL RESIDENCE OF DECEASED: Missouri (a) State (b) County Henry (c) City or town Rural (d) Street No. 1 Mile South of Windsor, Mo (e) Citizen of foreign country? (f) Citizen of foreign country? (Ves or	0 • No)
ERM	3. (a) PRINT Nancy Elizabeth Alexander	MEDICAL CERTIFICATION September 6	
KE A P	3. (b) If veteran, 3. (c) Social Security name way No	20. DATE OF DEATH: Month September 6 year 1945 hour 3 minute 2. 21. I hereby certify that I attended the deceased from 245, 2/	 M.
BLACK INK—MAKE	5. Color or W 6. (a) Single, widowed, married, divorced M 6. (b) Name of husband or wife 6. (c) Age of husband or wife if	that I last saw her alive on Sept 6 195 and that death occurred on the date and hour stated above.	
	George Alexander 78 years 7 Birth date of deceased July 12, 1881 (Month) (Day) (Year)	Immediate cause of death Intestina Obstruction Duran	,,,,,,,,
ING 1	8. AGE: Years Months Days If less than one day 64 1 25 hr	Due to malyancy of the viscera.	·······
WRITE PLAINLY—USE UNFADING BLACK	9. Birthplace Benton County, Missouri (City, town, or county) (State or foreign country)	Due to	******
	10. Usual occupation 8t home 11. Industry or business No. 20.	Other conditions. (Include pregnancy within 3 months of death) Major findings: PHYSIC	CIAN
	Solution Solution	Of operations Under the cau which do should charged	eto leath d be lata-
	15. Birthplace unknown (City, town, or county) Roy Alexander Windsor, Missouri	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)	<u>ly.</u>
	(b) Address Burial 17. (c) Burial (b) Date thereof Sept.8,194: (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation Warsaw, Mo.	(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 pl	
	18. (a) Signature of funeral director. Huston-Turner (b) Address. 19. (a) Signature of funeral director. Huston-Turner 19. (b) Signature of funeral director. Huston-Turner (b) Address. 19. (a) Signature of funeral director. Huston-Turner	While at work (Specify type of place) While at work (e) Means of injury 23. Signature (M. D. or other)	<u> </u>
	(Defe received local resistrar) (Resistrar's signafure)	Address Walson Mu Date signed 7-12.	40

RECEIVED

District Health Officer No. 7,

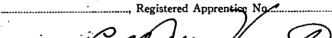
District File Number 9-45-1029

District File Number 10-14-45

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......

working under my personal supervision.



Licensed Embalmer No. 339/

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.