FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22789

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 591

1. PLACE OF DEATH:

(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 hours 40 minutes (Specify whether
In this community: 16 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 2400 W. Walnut 6
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Tinsley Walker Alexander
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Bertha
6. (c) Age of husband or wife if alive: dec years
7. Birth date of deceased: Oct (Month) 8 (Day) 1879 (Year)

8. AGE: Years 68 Months 9 Days 10 If less than one day ... hr. ... min.

9. Birthplace: Webster County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Laborer
11. Industry or business: Pepsi Cola Bottling Co.
FATHER
12. Name: Thomas William Alexander
13. Birthplace: (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country) 0
16. (a) Informant: Rufus Alexander, 1
(b) Address: Marshfield Mo. R # 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: WOLFS CREEK
18. (a) Signature of funeral director: J.W. KLINGNER & CO.
(b) Address: SPRINGFIELD, MO.
19. (a) 7-20-48 (Date received local registrar) (b) W. S. Handley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18, year 1948 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 18, 1948 to July 18, 1948 that I last saw him alive on July 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: (1) Fracture Compound Comminuted Right Femur (2) Fracture Compound Comminuted Rt Tibia & Fibulae — Duration: Hours
Due to: (3) Shock Traumatic
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: Fractures as above
Of autopsy:

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 1 1/2
(b) Date of occurrence: July 18-1948
(c) Where did injury occur? Webster County Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? No (e) Means of injury: Auto Accident
23. Signature: F. F. Bechtold M.D. (M. D. or other) M.D.
Address: 1630 N. Jefferson Springfield Mo. Date signed: July 19-1948.

Jefferson City Printing Co. (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 J B Klenger

Licensed Embalmer No. 3358

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.