

FILED AUG 1 1949 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22561**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **808**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1402¹ Seymour St.		d. STREET ADDRESS (If rural, give location) 1402 Seymour St.	

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) _____ c. (Last) Alexander			4. DATE OF DEATH (Month) (Day) (Year) July 18 1949		
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5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 4, 1874		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 9 Days 14		IF UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (State or foreign country) Galt, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME William Swope			13b. MOTHER'S MAIDEN NAME Enknown			14. NAME OF HUSBAND OR WIFE George Alexander		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME George Alexander		ADDRESS 1402 Seymour St.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver						156A	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 17, 1949**, to **July 18, 1949**, that I last saw the deceased alive on **July 18, 1949**, and that death occurred at **1:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) Dr. R. L. ...		23b. ADDRESS 223 ...		23c. DATE SIGNED 7-21-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/23/49		24c. NAME OF CEMETERY OR CREMATORY MT. AUBORN		24d. LOCATION (City, town, or county) (State) ST. JOSEPH, MO.	
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DATE REC'D BY LOCAL REG. July 26 1949		REGISTRAR'S SIGNATURE G. B. Jenkins		382 FUNERAL DIRECTOR'S SIGNATURE John E. ...		ADDRESS St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, Pa.*

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.