

FILED JUL 8 1946

STANDARD CERTIFICATE OF DEATH

State File No. 20053

Registration District No. 131

Primary Registration District No. 3023

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(c) Name of hospital or institution: 601 North 4th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 days  
In this community 24 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Montgomery  
(b) City or town Clatsburg Mo  
(If outside city or town limits, write "RURAL")  
(c) Street No. ---  
(If rural, give location)  
(d) Citizen of foreign country? NO  
If yes, name country: ---

3. (a) PRINT FULL NAME James Andrew Alexhimer

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Sept 25 1872  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation Labourer

11. Industry or business ---

MOTHER FATHER  
12. Name Phillip Alexhimer  
13. Birthplace Bermainy  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth warrin  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Alexhimer

(b) Address California Mo

17. (a) Burial (b) Date thereof June 29 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clatsburg Cemetery

18. (a) Signature of funeral director Bourlin T. Harris

(b) Address California Mo

19. (a) 6-27-46 (b) P. H. Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day of June  
year 1946 hour 11:25 minute --- P. M.

21. I hereby certify that I attended the deceased from June 19  
1946, to June 26, 1946.  
that I last saw him alive on June 24, 1946.  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease  
Duration 2 years

Due to ---

Due to ---

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

Major findings: Of operations ---

Of autopsy ---

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? ---

(Specify type of place) (d) Means of injury  
While at work? ---

23. Signature Edward Bennett, D.O. (M.D. or other)

Address 105 East Ohio, Clinton, Mo. Date signed 6/27/46

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

18970

RECEIVED

District Health Officer No. 7;

City Health Number... 6-46-652

Date Filed ... 7-3-46

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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 Mrs.  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Earl D. Boulton  
Licensed Embalmer No. 2126  
P. O. Address California

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.