

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 395 Primary Registration District No. 5551A Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: **Jackson** **FILED FEB 12 1940**  
 (a) County \_\_\_\_\_  
 (b) City or town **Blue Grain Valley R.F.D**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Snia bar township**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **04 YRS**  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **Jackson**  
 (c) City or town **RURAL**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4 miles South Blue Springs**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **XX** years.

3. (a) PRINT FULL NAME **Susie Emmeree Alexander**  
 (b) If veteran, name war **XX**  
 (c) Social Security No. **XX**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Jan** day **21**  
 year **1940** hour **6** minute **20** A. M.

4. Sex **F.M** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Joseph Alexander**  
 6. (c) Age of husband or wife if alive **65** years  
 7. Birth date of deceased **Dec 3rd 1875**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 1st**, 1940, to **Jan. 21**, 1940  
 that I last saw her alive on **Jan. 20**, 1940  
 and that death occurred on the date and hour stated above.

8. AGE: Years **64** Months **I** Days **18**  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death  
**Pneumonia**  
**Chronic Myocarditis**  
 Due to **Arteriosclerosis**  
 Duration **1 day**  
**5 years**  
**12 years**

9. Birthplace **Blue Springs Mo**  
 (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

10. Usual occupation **House Wife**  
 11. Industry or business **Frank Smith**

MOTHER FATHER { 12. Name \_\_\_\_\_  
 13. Birthplace **Jackson Co Mo**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Mary Montgomery**  
 15. Birthplace **Jackson Co Mo**  
 (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature **Joe Alexander**  
 (b) Address **Blue Springs Mo**  
 17. (a) **Burial** (b) Date thereof **Jan 23 1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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 \_\_\_\_\_

18. (a) Signature of funeral director **R. B. Webb**  
 (b) Address **Blue Springs Mo**  
 19. (a) **Jan 5-1940** (b) **J. W. Suttle (M.D.)**  
 (Date received local registrar) (Registrar's signature)

23. Signature **Clint L. Miller** (M. D. or other) \_\_\_\_\_  
 Address **Lee Summit, Mo** Date signed **1-22-40**

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*F B Webb*

Licensed Embalmer No. *2353*

P. O. Address *Blue Spring*

**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, above space should be left blank.**