

NOV 12 1940

State File No. 4057

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH, Jackson

(a) County, Jackson

(b) City or town, Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution, 13 days  
(Specify whether years, months or days)

In this community, 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, Jackson

(c) City or town, Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No., 2937 Lockridge  
(If rural, give location)

(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME, SAMUEL ALFREE

(b) If veteran, name war, No

(c) Social Security No., No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month, Oct., day, 22nd  
year, 1940 hour, 1 minute, 15 A.M. M.

4. Sex, Male

5. Color or race, white

6. (a) Single, widowed, married, divorced, Divorced

6. (b) Name of husband or wife, Lulu Wayne Alfree

6. (c) Age of husband or wife if alive, 22 years

7. Birth date of deceased, 12-1-1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-9-40 to 10-22-40, 1940

that I last saw him alive on 10-22-40, 1940

and that death occurred on the date and hour stated above.

8. AGE: Years, 70; Months, 10; Days, 21; If less than one day, hr., min.

Immediate cause of death, CARCINOMA OF RECTUM

9. Birthplace, Marion County, Kentucky  
(City, town, or county) (State or foreign country)

Due to

Due to

10. Usual occupation, Private Doctor

Other conditions, 4/6  
(Include pregnancy within 3 months of death)

11. Industry or business, Pinkerton Agency

Major findings: Of operations

12. Name, Jacob Alfree

Of autopsy, None

13. Birthplace, PA.  
(City, town, or county) (State or foreign country)

14. Maiden name, Jane Brown Beach

15. Birthplace, Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant, Mrs Ethel Beach

(b) Address, 2637 Prospect

17. (a) Burial (b) Date thereof, 10-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, Liberty, MO

18. (a) Signature of funeral director, John P. Shil

(b) Address, M. M. Crowe

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) While at work? (e) Means of injury, 1

23. Signature, Drury R. Shaw (M. D. or other)  
Address, Med. Dir./K.C. Gen. Hospital, K.C. Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**