

Registration District No. 1002

Primary Registration District No. 1002

1. PLACE OF DEATH:

(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. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether)

In this community 10 years (Specify whether years, months or days)

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. Unknown
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Phillip Alexander

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th
year 1943 hour 7 minute 40 A.M.

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: March 15th 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-5-43, 19____ to 1-10-43, 19____; that I last saw him alive on 1-10-43, 19____; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>9</u>	<u>25</u>	_____ hr. _____ min.

Immediate cause of death: Cerebral hemorrhage

Duration _____

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

10. Usual occupation None listed

Due to _____

Due to _____

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

11. Industry or business _____

MOTHER FATHER {

12. Name deceased unknown

13. Birthplace no record _____
(City, town, or county) (State or foreign country)

14. Maiden name deceased unknown

15. Birthplace no record _____
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy None

16. (a) Informant Record clerk

(b) Address K.C. General Hospital

17. (a) Buried (b) Date thereof 1/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Snow Meyberry

(b) Address 2315 Lenwood

19. (a) 1-15-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Dwight R. Thon (M: D. or other) _____

Address Med. Dir. K.C. Gen. Hospital Date signed _____

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ray E. Snow

.....
Licensed Embalmer No.....

2560

P. O. Address.....

12 C Ma

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.