

FILED APR 7 1944

Registration District No. 18449

Primary Registration District No. 1002

Registrar's No. 1351

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:  
1401 West 13th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 45 years (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME ALVY C. READY

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Annie 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 19th 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 8 4 hr. min.

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

10. Usual occupation Fireman

11. Industry or business City Fire Department

12. Name Jess Ready

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

14. Maiden name Emma Hardway

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

16. (a) Informant Mrs Annie Ready

(b) Address 4020 Madison

17. (a) Burial (b) Date thereof 3/27/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Durk and Sons Co

(b) Address 20 West Linwood Blvd.

19. (a) 3-24-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 4020 Madison  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd  
year 1944 hour Approx 2: minute 00 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
that I last saw h Deputy Coroner  
and that death occurred on the date and hour stated above.

Immediate cause of death Fatal Suffocation Duration \_\_\_\_\_

Due to Acute Tracheo-Bronchitis

Due to Inhalation of Smoke

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy See Above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence March 23, 1944

(c) Where did injury occur? Kansas City Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
1401 24 13<sup>th</sup>

While at work Yes (Specify type of place) (e) Means of injury Smoke

23. Signature A. E. Uscher (M. D. or other) \_\_\_\_\_

Address 23 M<sup>th</sup> City Date signed 3/24/44

**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. 2810

P. O. Address. N. E. Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**