No. 2
-8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20456

FILED JUL 15 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2832

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: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-9-44-7-1-44 (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1519 East 13th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Jess Alexander

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 15, (Day) 1890 (Year)

8. AGE: Years 54 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Carroll County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Houseman

11. Industry or business

FATHER
12. Name Will Alexander
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Louisa
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant James Alexander

(b) Address Norborne, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/7/44 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia

19. (a) 7-8-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1944 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from June 9, 19 44 to July 1, 19 44 that I last saw him alive on July 1, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Luetic Type Heart Disease

Due to 302

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(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? Means of injury

23. Signature [signature] (M. D. or other)

Address 1830 Vine Date signed 7/7/44

(Licensed Embalmer's Statement on Reverse Side)

P. C. Turner

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 wit the above constitutes grounds for revocation of license.)

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