

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36871

1005

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 14 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 522

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
6023 BELLEVUE AVENUE
(If not in hospital or institution, write street number or location)

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

In this community _____ 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. 6023 BELLEVUE AVENUE
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ALEXANDER CALDWELL

3. (b) If veteran, name war WORLD WAR # I

3. (c) Social Security No. 500-22-7604

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MARJORIE CALDWELL

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

7. Birth date of deceased MARCH 31 - 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 00
If less than one day _____ hr. _____ min.

9. Birthplace WHEATON WORTH KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED INSPECTOR

11. Industry or business PRATT + WHITNEY AIRCRAFT CORP.

12. Name SQUIRE TAYLOR

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

14. Maiden name MARJORIE C. ROBERTSON

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

16. (a) Informant MISS CONSTANCE CALDWELL

(b) Address 6023 BELLEVUE AVENUE

17. (a) CREMATION (b) Date thereof FEB 2 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-2-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 31ST
year 1945 hour 1 minute 10 AM

21. I hereby certify that I attended the deceased from Jan 30th 1945, 19 _____ to Jan 31, 1945

that I last saw him alive on Jan 30, 1945, 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis & Hi Bl Press.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature J. H. Hodgen (M. D. or other) MD

Address 200 Playa Blvd Date signed 1-31-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

200 Plaza Medical Bldg.
3-5-30

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.....

E. Oscar Thorpey

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.