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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 17 1945

Registration District No. 117

Primary Registration District No. 1002

Registrar's No. 1375

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: 3416 Broadway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community 32 years
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. 3416 Broadway 8
(If rural, give location)
(e) Citizen of foreign country? No / (Yes or No)
If yes, name country.

3. (a) PRINT MRS. FLORENCE M. ALLEY
FULL NAME

3. (b) If veteran, name war XX 3. (c) Social Security No. No

4. Sex Fe / 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Major W. Alley 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased March 6 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 19 If less than one day
hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Wm. Ratliff

13. Birthplace Ky. /

14. Maiden name Susan Bradley (State or foreign country)

15. Birthplace Mo. / (State or foreign country)

16. (a) Informant M.W. Alley

(b) Address 3416 Broadway

17. (a) Burial (b) Date thereof 3-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland, Mo.

18. (a) Signature of funeral director J.M. Wagner

(b) Address Kansas City, Mo.

19. 3-26-45 (b) P.E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 25
year 1945 hour 7: minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 2 1945 to March 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Acute Nephritis (Parenchymatous) Duration 3-17-45

Due to
Due to

Other conditions Cardio Nephritic Edema

Major findings: Anasarca / 131 /
Of operations
Of autopsy

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?

While at work? Yes (Specify type of place) (Specify type of injury)
M. P. L. 502

23. Signature M. P. L. 502 (M. D. or other)
Address 415 W. 34 Terrace Date signed 3/26/45

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

MOTHER FATHER

415-2034 Zivall

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Mo.

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.