

FILED JUN 25 1945

Registration District No.

149

Primary Registration District No.

1002

2427

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:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 48 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. 512 Woodland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT
FULL NAME

Mattie Alexander

3. (b) If veteran,
name war

No

3. (c) Social Security
No. None

4. Sex Female

5. Color or
race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive _____ years
6. (d) 6th. 1864

7. Birth date of deceased

April
(Month)

6th.
(Day)

1864
(Year)

8. AGE:

Years

Months

Days

If less than one day

81

1

29

hr.

min.

9. Birthplace

(City, town, or county)

Kentucky /
(State or foreign country)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

12. Name

John Alexander

13. Birthplace

(City, town, or county)

Kentucky /
(State or foreign country)

14. Maiden name

Margaret Robinson

15. Birthplace

(City, town, or county)

Kentucky /
(State or foreign country)

16. (a) Informant

John Moberly

(b) Address

712 Benton

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof

6 / 7 / 1945
(Month) (Day) (Year)

(c) Place: burial or cremation

Harrodsburg, Kentucky

18. (a) Signature of funeral director

Freeman Mortuary & Chapel

(b) Address

104 West 42nd Street

19. (a) 6-7-45

(Date received local registrar)

(b) Sheldine Holmes

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1945 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from
June 2, 1945, to June 5, 45;
that I last saw her alive on June 5, 45;
and that death occurred on the date and hour stated above.

Immediate cause of death
encephalomalacia
bronchopneumonia

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

830

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? _____ (e) Means of injury _____
23. Signature Clark W Sealy, M.D.
Med. Dir. K.C. General Hospital
Address _____ 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..... *Elmer C. Wedelin*.....
Licensed Embalmer No. *3495*.....
P. O. Address..... *H. C. Mrs*.....

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.