No. 2
—2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5472

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 646

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: 6007 Main Street K.C. Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 64 years

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. 6007 Main Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Frances ALCORN
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 Widow
6. (b) Name of husband or wife Theodore H. Alcorn
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased August 7, 1862 (Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace Fauquier County Virg. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name Jesse Moffatt
13. Birthplace Fauquier County Virg. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Polly Lawler
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. C.H. Scott
(b) Address 6007 Main St. K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.
19. (a) 2-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 th year 1946 hour 1 minute 45 A. M.
21. I hereby certify that I attended the deceased from Jan. 23, 1946 to Feb. 8, 1946 that I last saw her alive on Feb. 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
following Bronchio-Pneumonia	13 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	
Major findings: Of operations none	
Of autopsy none	

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? (e) Means of injury
23. Signature [illegible] M.D. (M. D. or other)
Address 1309 Wyandotte Bldg. K.C. Mo. Date signed 2/8/46

(Licensed Embalmer's Statement on Reverse Side)

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

4471

V1 7755

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 Glen E. Heck

Licensed Embalmer No. 4063

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.