

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13010  
1879  
Registrar's No. \_\_\_\_\_

FILED MAY 6 1946  
Registration District No. 149

Primary Registration District No. 1002

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

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: 2229 Troost 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 yrs 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. 2229 Troost  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Alice A. Alexander  
(b) If veteran, name war no  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 20  
year 1946 hour 5 minute 55 P.M.

4. Sex Female 5. Color or race wh  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Clyde C. Alexander  
6. (c) Age of husband or wife if alive 5 years  
7. Birth date of deceased May 5 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from never in regular attendance, 19\_\_\_\_  
that I last saw him alive on April 13, 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pulmonary tuberculosis Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
70 11 15 hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 138  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER

9. Birthplace St. Louis, Mo (City, town, or county) Ill (State or foreign county)  
10. Usual occupation Housewife  
11. Industry or business South  
12. Name South  
13. Birthplace Ill (City, town, or county) (State or foreign county)  
14. Maiden name No Record  
15. Birthplace No Record (City, town, or county) (State or foreign county)  
16. (a) Informant Clyde C. Alexander  
(b) Address 2229 Troost  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr-24-1946 (Month) (Day) (Year)  
(c) Place: burial or cremation Home  
18. (a) Signature of funeral director Missouri Mrs. C. S. Borster  
(b) Address 918 Babington  
19. (a) 4-23-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature E. J. Marshall (M.D. or other)  
Date signed 4-23-46

2301 Street  
A/C 1937  
630

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address K C S W

**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.**