

FILED JAN 13 1947

Registration District No. 149Primary Registration District No. 1002

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 Independence Blvd. Christian Church
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 (Specify whether
 years, months or days)
 In this community 42 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Mrs. ALFAH CHASMAN DURANT3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MR. ORLO E. DURANT 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased APRIL 28 1904
 (Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 1 If less than one day hr. min.9. Birthplace MAVSUILHE MISSOURI (City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE11. Industry or business AT HOME12. Name ALFRED B. CHRISMAN13. Birthplace STEWARTSVILLE MISSOURI (City, town, or county) (State or foreign country)14. Maiden name L. E. ROGERS15. Birthplace STEWARTSVILLE MISSOURI (City, town, or county) (State or foreign country)16. (a) Informant ORLO E. DURANT(b) Address 203 No. CLINTON PLACE17. (a) BURIAL (b) Date thereof DEC. 31, 1946
 (Burial, cremation, or removal) (City or town) (County) (State)(c) Place: burial or cremation MEMORIAL PARK CEMETERY KANSAS CITY, KANSAS18. (a) Signature of funeral director W. H. Newcomer, M.D.(b) Address 1401 Brush Creek Blvd.19. (a) 12-31-46 (b) Sheraldine Palmer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 203 North Clinton Place
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29TH
 year 1946 hour 10 minute 20 A. M.21. I hereby certify that I attended the deceased from Dec 29, 1946
Dec 29 1946 to Dec 29 1946
 that I last saw him alive on Dec 29 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart
 Due to Hypertension
2 yrs duration

Other conditions (Include pregnancy within 3 months of death)
None

Major findings: Of operations ASU
 Of autopsy ASU

22. If death was due to external causes, fill in the following:
 (c) 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) (c) Means of injury
 While at work? 0
 28. Signature James J. Ferguson, M.D. (M. D. or other)
 Address 110 BRYANT BLDG. Date signed 12/29/46

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.