S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4701

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 842

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: 1124 E. 18th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 34 Years
years, months or days)

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. 1124 East 18th Street 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Thomas Alexander

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Gertrude Alexander

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 14, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	7	..... hr. ..... min.

9. Birthplace Charleston, South Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Shiner

11. Industry or business .....

FATHER
12. Name Amos Alexander 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carolina Morgan 9
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Alexander
(b) Address 1124 East 18th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/47
(Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Ave.

19. (a) 2-25-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
year 1947 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to Hypertensive Heart Disease	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death) 93 d	
Major findings: Of operations	
Of autopsy No Permit	

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 Deputy Coroner

23. Signature J. Rivellianis (M. D. ~~or other~~)
Address 2636 Brooklyn Date signed 2-25-47

(Licensed Embalmer's Statement on Reverse Side)

certified copy

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 Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.