

No. 2
5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17294
2333
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 933 Mulberry St
(d) Length of stay: 1 day

2. USUAL RESIDENCE OF DECEASED: Hyattsville
(a) State Kansas (b) County Johnson
(c) City or town Kansas City
(d) Street No. 1028 S. 25th St
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME JOHN ALEXANDER
(b) If veteran, name war - no
(c) Social Security No. 510-03-8706

4. Sex Male
5. Color or race negro
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Melvina
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Nov 18 1891

8. AGE: 55 years 56 months 67 days 74 hr. min.

9. Birthplace Conway Co Ark

10. Usual occupation Porter

11. Industry or business
12. Name Geo Alexander
13. Birthplace Atlanta Georgia
14. Maiden name Wigneria Shuttland
15. Birthplace Swanee Georgia

16. (a) Informant Maudie Williamson
(b) Address 1114 N. 14th St K.C.
17. (a) Burial (b) Date thereof 5/28/47

18. (a) Signature of funeral director C. Sterling Bills
(b) Address 1212 Vine K.C. Mo
19. (a) 5-28-47 Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22 year 1947 hour 1 minute 20-P.M.
21. I hereby certify that I attended the deceased from 1 Deputy-Coroner 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Compound fractured skull
Other conditions Crushed by elevator

Major findings: Of operations 170-6
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) Accident
(b) Date of occurrence 5-22-47
(c) Where did injury occur? K.C. Jackson - Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial - 933 - Mulberry
While at work? yes (e) Means of injury Skull fracture
23. Signature J. Williams (M.D. or other) Date signed 5-28-47

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

MOTHER FATHER

REC 1 1948

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..... *E. Sterling Bell*.....

Licensed Embalmer No. *3178*

P. O. Address. *1217 Ave. H. P.*

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.