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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36337

Registrar's No. 4715

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: HAZELWOOD NURSING HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 years (Specify whether years, months or days)

In this community LIFE TIME

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 46

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 214 EAST 73RD STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) U

If yes, name country -----

3. (a) PRINT FULL NAME MRS KATHLEEN ALTEN

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 WIDOWED

6. (b) Name of husband or wife Mr. ALOISIOUS ALTEN

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

7. Birth date of deceased JULY - 4 - 1876 (Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace CLEVELAND (City, town, or county) OHIO (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business At Home

FATHER
12. Name Unknown Cattanach
13. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Anastia Unknown
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant MRS. ALBERT SCHAD
(b) Address 214 EAST 73rd STREET

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER Day 18TH year 1948 hour 3:08 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 16, 1948, to Nov. 18, 1948; that I last saw her alive on 11-18, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	About 5 days.
Due to FRACTURE OF LEFT FEMUR	About 90 days ago.
Pathological fracture	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

155

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 J. R. Horan (M. D. or other) DO
Address 1112 JACKSON K.C. MO Date signed 11-18-48.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, M

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

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