

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19391
2812

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 55 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		98 30 3		
d. FULL NAME OF HOSPITAL OR INSTITUTION. NURSING HOME 3617 EAST 23RD STREET				d. STREET ADDRESS (If rural, give location) 3617 EAST 23RD STREET				
3. NAME OF DECEASED (Type or Print) MARGARET ANN R. ALWES			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JUNE 27-1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN-27-1869		9. AGE (In years last birthday) 80 YEARS	10. MONTHS Days	11. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) MOUNT STERLING, KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME ALFRED ROBERTS		13b. MOTHER'S MAIDEN NAME MARY DONALDSON		14. NAME OF HUSBAND OR WIFE GEORGE F. ALWES				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS LAURA HOSTER 2623 EAST 30TH STREET KANSAS CITY MISSOURI				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 5 yrs 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from June 1, 1948, to June 27, 1949 that I last saw the deceased alive on June 27 1949, and that death occurred at 1:09 p.m., from the causes and on the date stated above.								
23a. SIGNATURE M. B. Casebolt (Degree or title) M. B. Casebolt M.D.				23b. ADDRESS 4000 Baltimore K-27		23c. DATE SIGNED 6/27/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE-30-1949	24c. NAME OF CEMETERY OR-CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 6-30-49		REGISTRAR'S SIGNATURE Theraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS N. Newnam's Sons 1331 BRUSH CREEK KANSAS CITY, MO.				

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

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 _____

Ray L. Daniel

Student Embalmer No. 248

working under my personal supervision.

Signed *Ray L. Daniel*
Student Embalmer

Signed *Edward M. Storey*

Licensed Embalmer No. 4452

P. O. Address R. C. 4 mm

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.