

DEC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27876

Do not use this space.

3187

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Seneca Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. General Street Registered No. 3187 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Olive E. Alexander  
(a) Residence, No. 3329 Transit St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Levi H. Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1888

7. AGE YEARS 49 MONTHS 11 DAYS 18 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pack. Co. Mo.

FATHER 13. NAME Jesse. Mason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Mary. Henry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Levi H. Alexander  
3329 Transit

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug 11 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Coyle and Funeral Home  
St. C. Mo.

20. FILED Aug 11 1938 M. M. Browne  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8-38 19

22. I HEREBY CERTIFY, That I attended deceased from

....., 19.....

I last saw him alive on Sept 19 300 P.M. Death is said to have occurred on the date stated above, at 300 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic aortitis Date of onset

Aneurysm of arch of aorta

Rupture of aorta

Other contributory causes of importance:

Hemopericardium

96

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury, 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Y

If so, specify

(Signed) Arthur H. Hester D.

(Address) New York, N.C. Mo

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**