N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D NOV 21 1938

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

34649
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 3985
(c) City Kansas City — (d) Street No. 3242 Brooklyn 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Ida Springer Mac Alister
(a) Residence, No. 3242 Brooklyn St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. Melvin MacAlister
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 23, 1860
7. AGE: YEARS 78 — MONTHS 0 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: At Home
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): Lodi Wis.

FATHER
13. NAME: John H. Springer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Mary Boatman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Miss Gladys Mac Alister 3242 Brooklyn
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Cremation — DATE: Oct 14 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): D. H. Newcomer's Sons Brushcreek + Paseo
20. FILED: Oct 12, 1938 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1938, to Oct 12, 1938
I last saw her alive on Oct. 11, 1938. Death is said to have occurred on the date stated above, at 3:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic	?
Myocarditis, chronic	?
186	
Other contributory causes of importance: Fracture of femur, left	Sept 11 1938

Name of operation: None — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury Sept 11, 1938
Where did injury occur? Kansas City, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury: Fall
Nature of injury: Frac. femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lyman Richardson, M. D.
(Address) 906 Grand K.C. Mo.

(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 Lawrence Carr

Licensed Embalmer No. 4031

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.