

S. No. 2
-11-10-39
5-17-39
-I X21492

FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20874**
Registrar's No. **2491**

Registration District No. **399** Primary Registration District No. **1002**

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

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether
In this community **20 Years**
years, months or days)

3. (a) PRINT **JAMES ALEXANDER** **425**
FULL NAME
8. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jane Alexander** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **Feb. 14, 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 **4** **2** hr. min.

9. Birthplace **Ill.** /
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter** /

11. Industry or business

MOTHER FATHER { 12. Name **Alfred Alexander** **a**
13. Birthplace **Pa.** /
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah**
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant **Orland Alexander**
(b) Address **4204 E. 9th**

17. (a) **Burial** (b) Date thereof **6/17/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Floral Hill**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn K.C. Mo.**

19. (a) **June 18, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits write "RURAL")
(d) Street No. **619 East 8th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16th**
year **1940** hour **11:25 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **June 13th**, 19**40**, to **June 16th 1940**, 19____;
that I last saw him alive on **June 16th, 1940**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease with cardiac decompensation; Pulmonary artery thrombosis and occlusion**
Duration
Due to **95%**

Other conditions **Chronic passive congestion of liver and kidneys**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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?

While at work? _____ (Specify type of place) (e) Means of injury **1**

Signature **P. J. DeMama M.D.** (M. D. or other)
Address **Supt. K.C. Gen. Hospital, K.C. MO.** Date signed _____

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

Denzil C. Browning

Licensed Embalmer No. *2724*

P. O. Address *K. C. Mo*

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.