

FILED APR 25 1942 99

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1445

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:
4420 Norledge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 338
(If outside city or town limits, write "RURAL")
(d) Street No. 4420 Norledge
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME ALEXANDER B MACDONALD

3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Mary Macdonald 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. May 6 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>11</u>	<u>63</u>	hr. min.

9. Birthplace New Brunswick Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation Newspaper Feature Writer

11. Industry or business Retired--K C Star

MOTHER FATHER {

12. Name Alexander B Macdonald

13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

14. Maiden name Wicherson

15. Birthplace Canada 9
(City, town, or county) (State or foreign country)

16. (a) Informant M. D. Macdonald
(b) Address 4420 Norledge

17. (a) Burial (b) Date thereof Apr 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. J. Davis Co
(b) Address 20 West Linwood

19. (a) 4-11-42 (b) M. D. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day April
year 1942 hour 2 minute P M.

21. I hereby certify that I attended the deceased from June 14 42
19 37 to April 9 19 42
that I last saw him alive on Nov. 30, 1942 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to 93 D
Due to

Other conditions Arteriosclerosis general-ized
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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.....

23. Signature M. D. Crowe (M. D. or other)
707 Eyele Bldg. K. C. Mo. Date signed 4/10/42

Duration Widower
PHYSICIAN Widower
Underline the cause to which death should be charged statistically.

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

48
3
8

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.....

Harold Perry

Licensed Embalmer No.....

4097

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, fact should be so stated above.