

FILED OCT 5 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3451

1. PLACE OF DEATH: Jackson

(a) County Kansas City

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lakeside Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days  
(Specify whether years, months or days)

In this community 22 Years

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. 2506 Troost Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Alice Alvira Milnes

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph Milnes

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased March 20 1850  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>5</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Long Point Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Andrew J. McDowell

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

14. Maiden name Dorlisca Jane Perry

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

16. (a) Informant J. Park Olmstead

(b) Address 2506 Troost Avenue

17. (a) Removal (b) Date thereof Sept. 20, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield, Missouri

18. (a) Signature of funeral director S. T. Newcomb

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/20/42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19<sup>th</sup> day September  
year 1942 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept. 9 1942 to Sept. 19 1942  
that I last saw her alive on Sept. 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to chronic myocarditis

Other conditions (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) \_\_\_\_\_  
(c) Means of injury 7

23. Signature V. H. Garfield (M. D. or other) 7  
Address 406 Northman Bldg. Date signed 9-20-42

WRITE PLAINLY—USE 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *C Hervey Quisenberry*  
Licensed Embalmer No..... *4070*  
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.**