

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5114

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 970

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2409 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice Dandridge

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

4. Sex Fe 5. Color or race 3 Col 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Stephen Dandridge 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months Days If less than one day hr. min.

9. Birthplace Brunswick Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Samuel Hall

(b) Address 901 Lock St., Indianapolis,

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

(c) Place: burial or cremation

18. (a) Signature of funeral director Starkins Bros.
(b) Address 1729 Lydia

19. (a) 2-25-43 (b) M. M. Brown
(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. 2409 Michigan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th
year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 6, 1942 to Feb. 6, 1943
that I last saw him alive on Feb 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to 83a

Other conditions r
(Include pregnancy within 3 months of death)

Major findings: Of operations r

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) r
Date of occurrence r

(c) Where did injury occur? r
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work r (Specify type of place) (e) Means of injury

23. Signature L. W. Booker (M. D. or other)
Address 2028 Union Date signed 2/13/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Jerome Munlove*
Licensed Embalmer No. *3994*
P. O. Address *25839 Highland*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED

MAY 5 1943

149

Registration District No.

Primary Registration District No. 1002

Registrar's No. 970

1. PLACE OF DEATH

(a) County Jackson
(b) City or town J. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2409 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Alice Dandridge

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... 5. Color or race..... 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation Seeds

18. (a) Signature of funeral director..... (b) Address.....

19. (a) 2-25-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day..... Year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

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?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other)..... Address..... Date signed.....

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

SUPPLEMENTARY

5114.