

7. S. No. 2
FORM-5-42
Rev. 5-17-39
I X3227

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8960

State File No. _____
Registrar's No. **1155**

FILED MAR 20 1943 49
Registration District No. _____

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: Polyclinic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community 1 Day

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. Inez Hotel-1100 East 9th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Sandra Jean Algace

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

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

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

7. Birth date of deceased March 6 1943
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business --

MOTHER FATHER {
12. Name Private Ernest Algace
13. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Bath
15. Birthplace Mayville Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ernest Algace
(b) Address Inez Hotel - 1100 East 9th Street

17. (a) Cremation (b) Date thereof Mar. 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer, Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3/8/43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1943 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from March 6th 1943 to March 7th 1943
that I last saw her alive on March 7th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Blue Baby
Cardiac Failure
Due to 157E
Other conditions (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) Means of injury --

23. Signature Arthur Newcomer (M. D. or other) 157E
Address 2024 S. 1st St. Date signed 3-7-43

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..... *R 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.