

FILED JUL 8 1944

State File No. 2767
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

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:
909 Garfield- At Home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: Since hospital or institution. (Specify whether years, months or days) July 25, 1942

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. 909 Garfield
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bessie McAlpine

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or Race Negro

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

6. (b) Name of husband or wife James McAlpine

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 7, 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 64 Days 8 9 9

If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name Marshall Tindrell

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

14. Maiden name Rebecca Baker

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

16. (a) Informant James Mc Alpine

(b) Address 909 Garfield

17. (a) removal (b) Date thereof 6/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Kansas

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 6-20-43 (b) P. E. Besown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 16 day Wednesday
year 1943 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from June 1
1943 to June 16, 1943
that I last saw her alive on June 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemic Shock
Due to Influenza 6 mo

Due to _____

Other conditions 93d
(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? _____

While at work _____ (Specify type of place)
(c) Means of injury _____

23. Signature Arthur Volz (M. D. or other) M.D.
Address 6434 Olive Date signed 6-18-40

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

MOTHER FATHER

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 Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *2503 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.