

FILED NOV 19 1943

State File No.

4699

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:  
1717 Agnes  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 39 Years (Specify whether  
years, months or days)

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. 1717 Agnes  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALONZO TERRELL

3. (b) If veteran, name war None 3. (c) Social Security No. 510-07-3430

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ida Terrell 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased July 4, 1885  
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation Custodian

11. Industry or business

12. Name Henry Terrell  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Terrell

(b) Address 1717 Agnes

17. (a) Burial (b) Date thereof 11/4/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

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

(b) Address 1729 Lydia Avenue

19. (a) 11-5-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 Tuesday  
year 1943 hour 12:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 19 1942 to Oct 30 1943  
that I last saw him alive on Oct 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke - Myocardial Infarction  
Duration \_\_\_\_\_

Due to 940  
Due to \_\_\_\_\_

Other conditions Acute Bronchitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy none  
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) (e) Means of injury \_\_\_\_\_

23. Signature J. P. Ceballos (M. D. or other) \_\_\_\_\_  
Address R. C. Ma Date signed Nov 4 1943

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

MOTHER FATHER

*J. M. Albertson*

JAN 12 1944

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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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*Gerona Maudslayi*

Licensed Embalmer No. *3944*

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.**