

FILED MAY 25 1944  
Registration District No. 1002

State File No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2157

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:  
Wheatley Provident Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution March to May 17  
(Specify whether  
In this community November, 1942  
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. 2732 Woodland  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Wiley Alexander

3. (b) If veteran,  
name war None

3. (c) Social Security  
No. None

4. Sex Male 5. Color or Race Col  
6. (a) Single, widowed, married, 2 divorced, Widowed  
6. (b) Name of husband or wife Maggie Alexander 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased March 19 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 1 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Alexander  
13. Birthplace Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Phyllis  
15. Birthplace Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Princess Crouch  
(b) Address 2732 Woodland

17. (a) Removal (b) Date thereof: 5/19/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waelder, Texas

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

19. (a) 5-19-44 (b) W. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1944 hour 10 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from  
January 1, 1944 to May 17, 1944  
that I last saw him alive on May 17, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic  
Bronchopneumonia Duration \_\_\_\_\_

Due to Arteriosclerotic type heart  
disease

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. C. Brown (M. D. or other)  
Address 1830 Vine Date signed 3/19/44

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

P. L. Turner M.D.

**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 *J. J. 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.**