

26722

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:
4016 Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **20 years**
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. **4016 Broadway**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Elsiemae Locke Alverson**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **560-14-3889**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **13th**
year **1944** hour _____ minute _____ M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 7th 1909**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **JAN 1**
1944 to **AUG 13** 19**44**
that I last saw her alive on **AUG-13** 19**44**
and that death occurred on the date and hour stated above.

8. AGE: Years **35** Months **2** Days **6** If less than one day
hr. _____ min.

Immediate cause of death **PULMONARY HE MORRHAGE**
Duration **24 HRS.**

Due to **PULMONARY TUBERCULOSIS**
12 YRS.

9. Birthplace **Brownington, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Stenographer**

Due to _____
Other conditions _____
(Include pregnancy within 5 months of death)

11. Industry or business _____
MOTHER FATHER
12. Name **Robert Dana Locke**
13. Birthplace **Hermansville, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Norma McDonald**
15. Birthplace **Pittsburg, Missouri**
(City, town, or county) (State or foreign country)

Major findings: **138**
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Norma Locke**
(b) Address **4016 Broadway**
17. (a) Burial (b) Date thereof **8-15-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Floral Hills Cemetery**
18. (c) Signature of funeral director **Freeman Mortuary**
(b) Address **104 West 42nd Street**
19. (a) 8-14-44 (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

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. H. Laffoon** (M. D. or other)
Address **RAINTOWN, MO** Date signed **8-14-44**

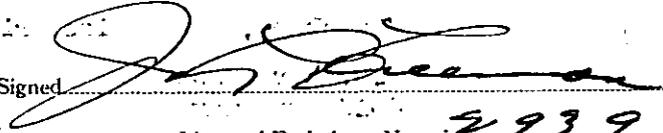
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SANDERSON

*Mr. Laffoon
St. Joseph
10-12*

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 
Licensed Embalmer No. 2939
P. O. Address K. O. 240

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.