

No. 2
1-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 3 1946
STANDARD CERTIFICATE OF DEATH

State File No. **16621**
2328
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:
Aunt May's Convelescent Home *f*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 months**
In this community **6 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **58**
(c) City or town **Laclede** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Mrs. Alzina DAY**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **Norman Day**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **July 19 1858**
(Month) (Day) (Year)

8. AGE: Years **87** Months **10** Days **5**
If less than one day hr. min.

9. Birthplace **PawPaw, Dekalb County, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Invalided**

11. Industry or business
12. Name **Alcazar Beebe**
13. Birthplace **Unknown Michigan**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dewey Day**
(b) Address **2416 Norton, K.C., Mo.**

17. (a) **Burial** (b) Date thereof **5-27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Park, K.C., Mo.**

18. (a) Signature of funeral director **Melody-McGilley-Ey**
(b) Address **1800 E. Linwood Blvd.**

19. (a) **5-25-46** (b) **Alzidine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **24**
year **1946** hour **4** minute **15 P.M.**
21. I hereby certify that I attended the deceased from **Jan 1946** to **19** to **19**
that I last saw **her** alive on **May 22 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death
**Pulmonary Congestion
Bronchial Stasis Pneumonia**
Due to **Scurvy**
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **107**
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) (e) Means of injury **M-D**
23. Signature **James J. ...**
Address **410 ...** Date signed **5/24/46**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

*Prepared by: H. 1330
on office
Sat. afternoon from 2 to 5*

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 *Russell W. Stone*

Licensed Embalmer No. *4255*

P. O. Address *K. O. 2ND*

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.