

S. No. 2  
M-5-43  
7-5-17-39  
P 1 X36671

**FILED JUN 20 1946**

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2457

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 20 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1721 E. 17th Terrace 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country .....

3. (a) PRINT FULL NAME Susie A Dennis Alexander

3. (b) If veteran, name war No 3. (c) Social Security No. 500-03-0304

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert Alexander 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 25, 1890  
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 6 If less than one day  
hr. min.

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

10. Usual occupation Laundress

11. Industry or business .....

12. Name Dave Dennis

13. Birthplace Holden Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Holden Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Medical Records Librarian

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 6/6/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins

(b) Address 1739 Lydia Avenue

19. (a) 6-4-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1,  
year 1946 hour 11: minute 45 A. M.

21. I hereby certify that I attended the deceased from May 28, 1946 to 46 June 1, 1946  
that I last saw her alive on June 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations .....

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? .....

(Specify type of place) (e) Means of injury .....

23. Signature [Signature] (M. D. or other) [Signature]  
Address General Hospital No. 2 Date signed 6/3/46

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.....

Licensed Embalmer No. *3410*

P. O. Address *1515 King St*

**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.**