

S. No. 2  
M-5-43  
7-5-17-39  
X3667

FILED AUG 19 1946  
Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 3392

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K. C.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2304935 E. 17th St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community 21 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48  
(c) City or town K.C. Mo 3  
(If outside city or town limits, write "RURAL")  
(d) Street No 2304 Troost 8  
(If rural, give location)  
(e) Citizen of foreign country? no, (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edie Mae Alexander

3. (b) If veteran, name war no. 3. (c) Social Security No. 500-22-8983

4. Sex Fe 3 5. Color or race C 6. (a) Single, widowed, married, divorced Mar /  
6. (b) Name of husband or wife Ralph Alexander 6. (c) Age of husband or wife if alive 23 years  
7. Birth date of deceased Oct. 16 1924  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
21 9 19 hr. min.

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

10. Usual occupation Housewife

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

12. Name Edward Herndon  
13. Birthplace Denison Tex (City, town, or county) (State or foreign country)  
14. Maiden name Clara Jones (City, town, or county) (State or foreign country)  
15. Birthplace Dallas Tex (City, town, or county) (State or foreign country)

16. (a) Informant Ralph Alexander  
(b) Address 2304 Troost

17. (a) Burial (b) Date thereof 8-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director W. Adams, Pres. United  
(b) Address 1729 Lyndon

19. (a) 8-7-46 (b) E. Walden Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 5 year 1946 hour 9 minute 22 AM

21. I hereby certify that I attended the deceased from 30 July 1946 to 30 Aug 1946, that I last saw her alive on Aug 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of the lungs. Acute Duration 6 wks

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 135

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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Eugene P. Chatury (M. D. or other) 1410  
Address 2202 1/2 East 18th St. Date signed 8-6-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

258937

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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.....  
*Laurence A. Jones*....., Registered Apprentice No. *378*.....  
working under my personal supervision.

Signed *J. Jerome Manlow*.....  
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.**