No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1946

State File No. 94 29843

Registration District No. 72 Primary Registration District No. 3013 Registrar's No.

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Nrth Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home (Specify whether
In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1816 East 23rd St. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country ----

3. (a) PRINT FULL NAME Missouri Alice Linder

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fritz Linder

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Sept. (Month) 2 (Day) 1870 (Year)

8. AGE: Years 76 Months 0 Days 10 If less than one day -- hr. -- min.

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

10. Usual occupation Housewife

11. Industry or business Self

MOTHER FATHER

12. Name James Dobbs 6

13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

14. Maiden name Nancy Reed

15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant Fredn Linder 6912 Chestnut, K.C. Mo.
(b) Address 6912 Chestnut Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Brenner Ridge Cem.

18. (a) Signature of funeral director Morton-Smith's
(b) Address North Kansas City

19. (a) Sept 15-1946 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1946 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1946 to Sept 4 1946 that I last saw h on alive on Sept 4 1946 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Bronchi-pneumonia

Due to Cerebral hemorrhage

Due to senility

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? (Specify type of place)
While at work (e) Means of injury

23. Signature (M. D. or other)
Address Date signed 9-14-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 9-21-46

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 Thurn O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.