

FILED FEB 11 1947

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 419

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

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:  
1121 Woodland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1 month, 12 days  
years, months or days)

3. (a) PRINT

FULL NAME Alice Marie Matlock

3. (b) If veteran,

name war no.

3. (c) Social Security

No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased December - 14 - 1946  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>	<u>12</u>	_____ hr. _____ min.

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

10. Usual occupation None

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

12. Name Frank Matlock

13. Birthplace Moberly Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Geraldine Henderson

15. Birthplace Kansas City MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Geraldine Matlock  
(b) Address 1121 Woodland

17. (a) Burial (b) Date thereof 1/28/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Stirling Pillsbury  
(b) Address 1212 Vine St. Kansas City, Mo.

19. (a) 1-28-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 1121 Woodland  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26  
year 1947 hour 8 minute 2 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
Deputy Coroner  
that I saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure  
Due to Broncho-pneumonia

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy No - Permit

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 Deputy Coroner  
Signature Stevenson (M. D. or other)  
Address 2636 - Broadway Date signed \_\_\_\_\_

1-28-47

---

---

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

*E. Sterling Bells*

Licensed Embalmer No.

*3178*

P. O. Address

*1212 Pine K-Ct*

**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.**