Part	S. No. 2 18-43 5-17-39	DEPARTMENT OF COMMERCE BURRAU OF THE CENSUS FILED JUN 2 1947 THE STATE BOARD OF F	CATE OF DEATH State File No. 18385	5
(a) County Platte (b) County Platte (c) Platte County Platte (c) Platte County Platte (c) County Platt	I X37623	Registration District No. 2 C Primary Registration Distric	et No. 5 77 P Registrar's No. (f)	
(a) City or town (City of town thinks)) (b) City or town (City of town thinks write "RURAL") (c) Name of hospital or institution. "The stress pumber or hostulis) (d) Length of stay: In hospital or institution. "Cipacity whether in this community. "The stress pumber of hostulis) (d) Length of stay: In hospital or institution. "Cipacity whether in this community. "The stress pumber or hostulis) (d) Length of stay: In hospital or institution. "Cipacity whether in this community. "The stress pumber of hostulis) (d) Length of stay: In hospital or institution. "Cipacity whether in this community. "The stress pumber of hostulis" (City of town (City of town (City of Single, widowed, married, in an every 100 pumber of town (City of Single, widowed, married, in an every 100 pumber of town (City of Single, widowed, married, in an every 100 pumber of town (City of Single, widowed, married, in an every 100 pumber of town (City of Single, widowed, married, in an every 100 pumber of town (City of Single, widowed, married, in an every 100 pumber of the condition of the condition (City of Single, widowed, married, in an every 100 pumber of the condition (City of Single, widowed, married, in an every 100 pumber of the condition (City of Single, widowed, married, in the condition of the condition (City of Single, widowed, married, in the condition of the condition of the condition (City, of Single, widowed, married, in the condition of the condition of the condition of the condition (City, of Single, widowed, married, in the condition of		1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	_
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3. (b) If veteran, name war. No. No. No. No. No. No. No. No. No. No	E		(d) Street No.	2·
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3. (b) If veteran, name war. No. No. none No. none No. none 1. I hereby certify that I attended the decased from. 1. I hereby certify that I attended the decast of that I hat	2	J. (c) PRINT Perry Alexander	DA DATE OF DEATH, March April day 27	
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The first date of deceased API 28	<u> </u>	name war - no No none		ы.
The first date of deceased API 28	3	5 Color or 6: (a) Single widowed married	21. I hereby certify that I attended the deceased from	
The first date of deceased API 28			19 , to 19	1
The first date of deceased API 28	Ä	1	and that death occurred on the date and hour stated above.	 •
7. Birth date of deceased APT 11			Duratio	m <u>s</u>
10. Usual occupation farmer 11. Industry or business (I) 12. Name Dudley Alexander 13. Birthplace Platte County Mo. 14. Maiden name Mary Alece Russel 15. Birthplace Bucanan Co. Mo. 16. (a) Informant Carl Porter (b) Address Platte City, Mo. 17. (a) burial (b) Date thereof Sab-47 (c) Place: burial or cremation, or removal) (c) Place: burial or cremation Platte City Cemeter (b) Address Platte City, Mo. (c) Place: burial or cremation Platte City Cemeter (b) Address Platte City, Mo. (c) Place: burial or cremation Platte City Cemeter (b) Address Platte City, Mo. (c) Place: burial or cremation Platte City Cemeter (d) Address Platte City, Mo. (e) Place: burial or cremation Platte City Cemeter (b) Address Platte City, Mo. (c) Signature of funeral director Cellum the Mulecular (b) Address Platte City, Mo. (c) Means of injury (c) Means of injury (d) Means of injury (e) Means of injury (figristrar's signature) Or Address Platte Luy Mo. 23. Signature Of Mh. Hallth Cuty Mo. 24. Signature Of Means of injury (c) Means of injury (d) Address Platte Luy Mo. 25. Signature Of Mh. Hallth Cuty Mo. (d) Address Platte Luy Mo. (e) Means of injury (figristrar's signature) Or Address Platte Luy Mo. Date signed	, K		Rwolver wound	
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19. (a May 90-47. (b) Mm. Up ma Stollm 23. Signature 1. Address Platte City Mo Date signed	•		- Paroner	
(Data received local registrar) (Hegistrar a signature) U1 2 7 Address (1997)			23. Signature om H. Hulett (St. Thorother)	
		(Deta received local registrar) (Hegistrar's signature)	Address Vilatte City MO Date signed	=
(Licensed Embalmer's Statement on Reverse Side)		(Licensed Embalmer's Sta	itement on Reverse Side)	

201947 YS MAY 12 1959

DISTRICT HEALTH UPPLE Cameron, Mo.

STA	TEMENT	$\mathbf{R}\mathbf{Y}$	LICENSED	EMBALMER

· I hereby certify that the body whose name is recorded on the reverse sid	le of this c	ertific	ificate was embalmed by me, or by	
		,	, Registered Apprentice No	
working under my personal supervision.		/	•	

Signed Frances M. Hiffee

icensed Embalmer No. 739

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.