

FILED JAN 27 1948

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 180

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: 627 Spruce
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(Specify whether
In this community 50 years
years, months or days)

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. 627 Spruce
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Alice Arleta Floyd

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 widowed
6. (b) Name of husband or wife Charles A. Floyd 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased March 14 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 29 hr. min.

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

10. Usual occupation at home

11. Industry or business X

12. Name David F. McPherson
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Scribner
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ira A. Bourne
(b) Address 627 Spruce, Kansas City, Mo.
17. (a) removal (b) Date thereof 1-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Winfield, Kansas

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 1-13-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1948 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from July 30, 1945 to Jan. 12, 1948
that I last saw him alive on Jan. 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to partial occlusion 3 yrs

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations

Of autopsy none

Duration

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? _____

While at work? (Specify type of place) (a) Means of injury 210

23. Signature Norothy Connet (M.D. or other) _____
Address 1123 East Ashwood Date signed 1-13-48

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

MOTHER FATHER

Dr. Dorothy Connet, Jewell Blvd. or Toost

12 Walnut
St. 2516

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 *J. Clair Shuppert*
Licensed Embalmer No. *149*
P. O. Address *K. C. Mo.*

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.