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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12486

Registrar's No. 1758

48
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8

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: 918 Penn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 918 Penn 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Alfred M. CHANDLER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Sylvia V. Chandler

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March (Month) 27, (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	0	24	hr. min.

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

10. Usual occupation Tailor (Retired)

11. Industry or business Brauer-Gressman

FATHER
12. Name John C. Chandler
13. Birthplace California, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Alice Weaver
15. Birthplace Independence, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Sylvia V. Chandler
(b) Address 918 Penn, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 4-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1948 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from February, 1948 to April 21, 1948; that I last saw him alive on April 19, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	2 years
Due to Hypertension	Several years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0

23. Signature Jack W. Wolf (M. D. or other) MD

Address 216 Argyle Bldg. Date signed April 21 48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Jacob Wolf
Argyle Blk 7.

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.