

S. No. 30
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29950

State File No. _____

FILED OCT 1 1948 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3859

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: 1816 E. 22nd. St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 44 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1816 E. 22nd. St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Alice Mary Samuels

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 3 5. Color or race negro 6. (a) Single, widowed, married, divorced, widow 2 divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 15, 1862
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 4 if less than one day _____ hr. _____ min.

9. Birthplace Buchanan County Missouri /
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER, FATHER { 12. Name Richard Jones
13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)
14. Maiden name Celia Jones
15. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Bertie Hamilton
(b) Address 1816 E. 22nd. St.

17. (a) burial (b) Date thereof 9-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 9-21-48 (b) St. Pauline Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 19 1948
year 1948 hour 10 minute 15P. M.

21. I hereby certify that I attended the deceased from June 1, 1940 to Sept. 19, 1948
that I last saw her alive on Sept 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic degeneration
Due to hypertension

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

Major findings: _____
Of operations 92 B
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? _____

While at work _____ (Specify type of place)
(e) Means of injury 0

23. Signature L. W. Booker (M. D. or other) 9-21-48
Address 2028. Olive St. Date signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

WRITE PLAINLY—USE UNF

Birthplace _____ (City, town, or county) _____ (State or foreign country)
 10. Usual occupation None
 11. Industry or business _____
 12. Name Richard Jones
 13. Birthplace Kentucky
 (City, town, or county) _____ (State or foreign country) _____
 14. Maiden name Celia Jones
 15. Birthplace Kentucky
 (City, town, or county) _____ (State or foreign country) _____
 16. (a) Informant Bertie Hamilton
 (b) Address 1816 East 22 Street
 17. (a) Burial (b) Date thereof 9/22/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lincoln
 18. (a) Signature of funeral director Watkins Bros
 (b) Address 1729 Lydia Ave
 19. (a) 9-21-48 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: new research
 Of operations Dr. Booker
 Of autopsy _____
 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 _____
 23. Signature [Signature] (M. D. or other) _____
 Address 1433 E. 19th Date 9/21/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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.

5-29950
1948

Signed.....

C. F. Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

5503 Highland

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.