

Primary Registration District No. 1002

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: GENERAL HOSPITAL # 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In: hospital or institution 1 mo., 22 das, 2 hrs
(Specify whether years, months or days)
 In this community 42 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON 41
 (c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL") 8
 (d) Street No. 1733 Woodland
(If rural, give location) 0
 (e) Citizen of foreign country? NO (Yes or No) 0
 If yes, name country _____

3: (a) PRINT FULL NAME HENRY ALEXANDER
 3. (b) If veteran, name war no
 3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOVEMBER day 20th
 year 1948 hour 9:00 minute A. M.

4. Sex MALE 2
 5. Color or race NEGRO
 6. (a) Single, widowed, married, divorced WIDOWER
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased AUGUST 10th 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from SEPTEMBER 29th 1948 to NOVEMBER 20th 1948
 that I last saw h. im alive on NOVEMBER 20th 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 3 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death UREMIA (CLINICAL) Duration
 Due to ARTERIONEPHROSLCEROSIS IS

9. Birthplace ST. LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

Due to GENERALIZED ARTERIOSCLEROSIS

10. Usual occupation TRAIN PORTER

Other conditions ARTERIOSCLEROTIC HEART DISEASE
(Include pregnancy within 3 months of death) with HYPERTENSION

11. Industry or business
12. Name MIKE ALEXANDER
13. Birthplace NEW ORLEANS, LOUISIANA
(City, town, or county) (State or foreign country)
14. Maiden name ALICE JONES

Major findings: 131
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

15. Birthplace NEW ORLEANS, LOUISIANA
(City, town, or county) (State or foreign country)
16. (a) Informant Nephew: Dixie Clark
(b) Address 1733 Woodland

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? _____

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 12-14-48
(Month) (Day) (Year)
(c) Place: burial or cremation: Reeds
18. (a) Signature of funeral director: Wm. A. ...
(b) Address City
19. (a) 12-13-48 (Date received local registrar) **(b) Registrar's signature:** Geraldine Holmes

While at work _____ (Specify type of place)
 (c) Means of injury E. Frank Ellis
23. Signature: [Signature] (M. D. or other)
 Address 600 East 22nd Date signed 11/21/48

APR 11 1984

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Wm. A. Schaefer

Licensed Embalmer No. *3089*

P. O. Address *ITC MD*

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.