

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23280
Registrar's No. 3068

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 10 D2

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Missouri	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 2018 Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2018 Main Street		d. STREET ADDRESS (If rural, give location) 2018 Main Street	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Clyde c. (Last) ALESHIRE		4. DATE OF DEATH (Month) (Day) (Year) July 13 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 16 1890
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY K.C. Terminal	11. BIRTHPLACE (State or foreign country) Otis Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Allen Aleshire	
13b. MOTHER'S MAIDEN NAME Elizabeth F. Sayre		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes: Army World War I		16. SOCIAL SECURITY NO. 703-03-9413	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs J.B. Watts Ponca City Okla
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) White, Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deputy Coroner	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE A.E. Upsher		23b. ADDRESS 2800 main	
23c. DATE SIGNED 7/14/49		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 15--49	
24c. NAME OF CEMETERY OR CREMATORY Anthony Kansas		24d. LOCATION (City, town, or county) (State) Anthony Kansas	
DATE REC'D BY LOCAL REG. 7-15-49		REGISTRAR'S SIGNATURE Seraldine Helmes	
FUNERAL DIRECTOR'S SIGNATURE France-Wornall		ADDRESS Funeral Home	

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

67614 6-30-71

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Russell W. Frame

Signed _____
Student Embalmer

Licensed Embalmer No. *4255*

P. O. Address *K. C. 210*

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.