

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH23281
State File No. 2912

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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) Kansas City		c. LENGTH OF STAY (in this place) 25 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		56 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3647 Benton Blvd.				d. STREET ADDRESS (If rural, give location) 3647 Benton Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Mortimer		b. (Middle) L.		c. (Last) Alexander		4. DATE OF DEATH (Month) (Day) (Year) July 5, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 6, 1859	
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Physician				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.				13a. FATHER'S NAME John Alexander		13b. MOTHER'S MAIDEN NAME Minerva A. Sharp	
14. NAME OF HUSBAND OR WIFE Ada Watson Alexander				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Loned Alexander</i>				ADDRESS <i>3647 Benton</i>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.					
		DUE TO (b) <i>Arterio Sclerosis</i>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<i>no</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>no</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		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) <i>no</i>		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 <i>Jan</i> , 1949 to <i>July 5, 1949</i> that I last saw the deceased alive on <i>July 5</i> , 1949 and that death occurred at <i>6 am</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>M. B. Casbolt</i>				23b. ADDRESS <i>4000 Baltimore Rd.</i>		23c. DATE SIGNED <i>7-5-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-7-49		24c. NAME OF CEMETERY OR CREMATORY Alexander		24d. LOCATION (City, town, or county) (State) Madison, Missouri	
DATE REC'D BY LOCAL REG. <i>7-6-49</i>		REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

48

3

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.

Student _____
Student Embalmer

Signed Walter H. Erwin

Licensed Embalmer No. 4352

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.