U.S. No. 300
Rev. 10.48

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

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12811

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1862

1. PLACE OF DEATH
a. COUNTY: Jackson — non resident
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3231 Roanoke Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 815 9
d. STREET ADDRESS (If rural, give location): 738 Muncie Blvd

3. NAME OF DECEASED (Type or Print)
a. (First): Mator
b. (Middle): —
c. (Last): Alexander

4. DATE OF DEATH (Month) (Day) (Year): 4 - 16 - 50

5. SEX: Male
6. COLOR OR RACE: C.O.L.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 10-30-1927
9. AGE (In years last birthday): 22
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): meat checker
10b. KIND OF BUSINESS OR INDUSTRY: Cudahy Packers
11. BIRTHPLACE (State or foreign country): Wynne, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Alexander
13b. MOTHER'S MAIDEN NAME: Willie Cribbs
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W. #2
16. SOCIAL SECURITY NO.: 515-24-1416
17. INFORMANT'S SIGNATURE OR NAME: John Alexander
ADDRESS: 738 Muncie K.C.K.

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) Bullet Wound of Chest
DUE TO (b)
DUE TO (c) Gun Shot

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 9 min

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Yard - Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Jackson - Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-16-50 12:15 A.M.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Shot in Chest.

22. *I hereby certify that I attended the deceased from* never *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:30 *A.M., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thos. A. Jones, Dep. Coroner
23b. ADDRESS: 1612 E. 12th
23c. DATE SIGNED: 4/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-18-50
24c. NAME OF CEMETERY OR CREMATORY: Westlawn
24d. LOCATION (City, town, or county) (State): Kansas City, Kansas

DATE REC'D BY LOCAL REG.: 4-22-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs. J. W. Jones
ADDRESS: 440 State Ave. K.C. Kan.

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 C. E. Davis

Licensed Embalmer No. 4417

P. O. Address K. C. 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.