

FILED AUG 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26738
Registrar's No. 3409

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>50 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>4238 MICHIGAN AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4238 MICHIGAN AVENUE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>GLENDON</u> c. (Last) <u>ALEXANDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. - 7 - 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>OCT. - 5 - 1886</u>		9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>K.C. PUBLIC SERVICE CO - 27 YRS</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RAYMORE, MISSOURI</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>

13a. FATHER'S NAME <u>ROBERT K. ALEXANDER</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH WELLS</u>		14. NAME OF HUSBAND OR WIFE <u>RUTH ANN ALEXANDER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-05-0951</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RUTH ANN ALEXANDER</u> ADDRESS <u>4238 MICHIGAN</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of adrenal gland</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Metastasis to lungs, pleura and upper thoracic vertebrae</u>				
		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>1951</u>	

19a. DATE OF OPERATION <u>1</u>		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 June 1, 1950, to Aug. 7, 1950 that I last saw the deceased alive on Aug 7, 1950 and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kenneth Adler</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>2646 Jackson</u>		23c. DATE SIGNED <u>8-8-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG-10-1950</u>		24c. NAME OF CEMETERY OR CRYPTORY <u>Flora Hill</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>8-9-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Halman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer's Sons, K.C. Mo.</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. *4182*

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.