

STANDARD CERTIFICATE OF DEATH

FILED NOV 13 1953 BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5105

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. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 45 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 22 EAST 85th STREET		e. STREET ADDRESS (If rural, give location) 22 EAST 85th STREET	

3. NAME OF DECEASED (Type or Print) a. (First) ALFRED	b. (Middle) CLAY	c. (Last) SOWDER	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 23 1953
--	------------------	------------------	--

5. SEX D MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 17, 1883	9. AGE (In years last birthday) 70	# UNDER 1 YEAR Months	# UNDER 12 HRS. Hours	# UNDER 1 MIN. Min.
---------------	------------------------	--	---------------------------------	------------------------------------	-----------------------	-----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) METAL POLISHER	10b. KIND OF BUSINESS OR INDUSTRY K.C. PLATING WORKS	11. BIRTHPLACE (City and State or Foreign Country) GRUNDY COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	-------------------------------------

13a. FATHER'S NAME THOMAS M. SOWDER	13b. MOTHER'S MAIDEN NAME ELIZABETH CARPENTER	14. NAME OF HUSBAND OR WIFE LIDA BELL SOWDER
-------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 481-10-6106	17. INFORMANT'S SIGNATURE OR NAME MRS. LIDA BELL SOWDER	ADDRESS 22 E. 85th ST. K.C. MO.
--	-------------------------------------	---	---------------------------------

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) Acute myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis		
	DUE TO (c) -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4222

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 2-5, 1949, to 10-23, 1953, that I last saw the deceased alive on 10-23, 1953, and that death occurred at 2:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE R. Lydson Jr. (Degree or title) M.D.	23b. ADDRESS 1027 E. 75th St. Mo.	23c. DATE SIGNED 10-24-53
---	-----------------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 26-53	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO
--	----------------------	--	--

DATE REC'D BY LOCAL REG. 10-26-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer	ADDRESS 1327. 5th St. Kansas City, Mo.
-----------------------------------	---------------------------------------	---	--

WRITE PLAINLY—USING UNFAADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Basil V. Honey*.....

Licensed Embalmer No. *74724*.....

P. O. Address *Trulland*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.