

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1268

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 002		Registrar's No. 211		
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) over 14 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) Wheatley Hospital				e. STREET ADDRESS (If rural, give location) 2408 E. 29th St 3460				
3. NAME OF DECEASED (Type or Print) Everston		a. (First)		b. (Middle) —		c. (Last) Alford		
4. DATE OF DEATH Jan-14-1956		5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Jan-10-1891		9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		11. BIRTHPLACE (City and State or Foreign Country) New Orleans La.		
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME James Alford		13b. MOTHER'S MAIDEN NAME Martha Graham		14. NAME OF HUSBAND OR WIFE Alice Alford		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Alford 2408 E. 29th St				
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Paralysis (wrist down) MEDICAL CERTIFICATION ANTECEDENT CAUSES DUE TO (b) Cerebral stroke DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Chronic Interstitial Nephritis INTERNAL BETWEEN ONSET AND DEATH 1-6-56 334X 1954				19a. DATE 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) (Minute)		
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 1-10-56 to 1-14-56, 1956 that I last saw the deceased alive on 1-14-56, and that death occurred at 1:55 p.m. from the causes and on the date stated above.				
23a. SIGNATURE D.M. Miller		23b. ADDRESS 1816 Vine, K.C. Mo.		23c. DATE SIGNED 1-16-56				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan-19-1956		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 1-17-56		REGISTRAR'S SIGNATURE neva Marshall		FUNERAL DIRECTOR'S SIGNATURE Mortimer Williamson		ADDRESS K.C. Mo.		

(Licensed Embalmer's Statement on Reverse Side)

2-2-25-1

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.....

Licensed Embalmer No. 3994

P. O. Address 382 E.

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.