

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**9824**  
Do not use this space.

1. PLACE OF DEATH **NEED ADD 23 1938**

(a) County Jackson Registration District No. 399  
 (b) Township Rau Primary Registration District No. 1002 Registered No. 1289  
 (c) City Kansas City (d) Street No. 1240 White Ave St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Sarah Whitfield Vann 500  
 (a) Residence, No. 1240 White Ave St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abner Benson Vann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>53</u>	<u>6</u>	<u>26</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith Station Alabama

FATHER

13. NAME James K. Stroud

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith Station Alabama

MOTHER

15. MAIDEN NAME Latherine Collier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Opelika Ala

17. INFORMANT (ADDRESS) Mr: Abner B. Vann 1240 White Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moral DATE Mar 23 1938

19. FUNERAL DIRECTOR (ADDRESS) D W Hinescomer's Sons Brushcreek & Paces.

20. FILED Mar 23 1938 M. M. Grove Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1935 19... to March 22 1938 1938  
 (last saw her alive on March 21 1938. Death is said to have occurred on the date stated above, at 1248A.  
 The principal cause of death and related causes of importance were as follows:  
Malignant Hypertension Date of onset 93 B

Other contributory causes of importance: acute myocardial failure

Name of operation no Date of no  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19...  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) Chlopping, M. D.  
 (Address) 1103 Grand  
KS MO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Prof. J. L. D.  
01-25-00  
3-4

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed

*George M. Collier*

Licensed Embalmer No. 3839

**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.)**