

APR 17 1939

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

9685  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. 3910 Penn. Registered No. 1291  
(e) Length of residence in city or town where death occurred 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Sadie M. Southwell

(a) Residence, No. 3910 Penn. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Southwell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1863  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
76 2 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
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) Vinton, Iowa

13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. H. W. May  
3910 Penn

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 3-24- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary  
104 W. 42nd, K.C., Mo.

20. FILED 3-24-1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-39 1939  
22. I HEREBY CERTIFY, That I attended deceased from 12:30 to 1:30 p.m. 1939  
I last saw her alive on March 22, 1939. Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Hypertension  
131  
Other contributory causes of importance:  
Arteriosclerosis  
Myocardial Infarction

Date of onset 1937

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cholesterol Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? yes  
If so, specify Career  
(Signed) Carey Jackson, M. D.  
(Address) 587

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.

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**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**