

FILED OCT 11 1940

No. 2
1-10-39
17-39
X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 31062
Registrar's No. 3625

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

- (a) County Jackson
 (b) City or town Kansas city
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1010 E 42 st
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution W
 (Specify whether years, months or days) Life time

3. (a) PRINT FULL NAME EDWARD S SASS3. (b) If veteran,
name war No3. (c) Social Security
No. N/A4. Sex male 5. Color or race wh 6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife FLORENCE SASS 6. (c) Age of husband or wife if
alive years7. Birth date of deceased 1 - 23 - 1869
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 7 21 hr. min.9. Birthplace Missouri (City, town, or county) (State or foreign country)10. Usual occupation Restaurant operator

11. Industry or business

12. Name Elo. D. SASS13. Birthplace unk known (City, town, or county) (State or foreign country)14. Maiden name Adeline Woodside15. Birthplace unk known (City, town, or county) (State or foreign country)16. (a) Informant Mrs Florence SASS(b) Address 1010 E 42 st17. (a) Kansas city (b) Date thereof 9-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washingt. Cem18. (a) Signature of funeral director Stine-My Blue(b) Address Kansas city19. (a) Sept. 16, 1940 (b) m. H. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson
 (c) City or town Kansas city
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1010 E 42 st
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 9-14-40
year _____ hour _____ minute 10:00 P. M.21. I hereby certify that I attended the deceased from _____, 19____;
they last saw me alive _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____Acute pulmonary edema
by hypertrophy of the heartDue to Chronic aortic valvulitisOther conditions _____
(Include pregnancy within 3 months of death) 920Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature Dr. H. Crowe (M. D. or other) _____Address K. C. Mo. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

J B Waters

Licensed Embalmer No. *3992*

P. O. Address *KC 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, above space should be left blank.