

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

31093

3656

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:
3215 Campbell Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution -----
(Specify whether)
 In this community Unknown
years, months or days

3. (a) PRINT FULL NAME Mrs. Sarah Love

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive -- years
 7. Birth date of deceased January 29, 1952
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 7 21
hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Br. David Gershner

(b) Address 5978 Blue Hill

17. (a) Burial (b) Date thereof Sept. 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
Forest Hill Cem.

(c) Place: burial or cremation

18. (a) Signature of funeral director D. K. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) Sept. 19, 1940 M. M. Brown
(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. 3215 Campbell Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th
 year 1940 hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from Sept. 5, 1940, to Sept. 19, 1940
 that I last saw her alive on Sept. 19, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
 Duration
 Due to Senility, being near ninety years old
 Due to

Other conditions 92C
(Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury

23. Signature M. M. Brown, M.D. (M. D. or other)

Address 1503 W. of Main Blvd. Date signed 9/19/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

11:30.5:30

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..... *A. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address..... *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.