

Registration District No. **399**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:** Jackson

(a) County Kansas City

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2425 Brooklyn  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 years  
(Specify whether years, months or days)

In this community 21 years  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Sarah Ella Terry

**3. (b) If veteran,** name war None

**3. (c) Social Security No.** None

**4. Sex** Fe

**5. Color or race** Col

**6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Arthur Terry

**6. (c) Age of husband or wife if alive** 27 years

**7. Birth date of deceased** February 23 1918  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>7</u>	<u>24</u>	

**9. Birthplace** Nashville Tenn  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** 1

**12. Name** Joseph Garner

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

**14. Maiden name** Bessie Holland

**15. Birthplace** Shelbyville Tenn.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Bessie Garner

**(b) Address** 2425 Booklyn

**17. (a)** burial (Burial, cremation, or removal) **(b) Date thereof** 10/21/40  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Highland Cemetery

**18. (a) Signature of funeral director** Mackins Bros.

**(b) Address** 1729 Lydia

**19. (a)** 10221-40 (Date received local registrar) **(b)** M. M. Grome (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. 2425 Brooklyn  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month October day 17  
year 1940 hour 4 minute 35 P. M.

**21. I hereby certify that I attended the deceased from** Oct 1  
1940, to Oct. 17 1940

that I last saw h a alive on Oct 17 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer  
Carcinoma of Rectum

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 46  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_

Of operations \_\_\_\_\_

**Of autopsy** \_\_\_\_\_

**Duration** 8

**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) (2) Means of injury

**23. Signature** Waldheim (M. D. or other)

**Address** Waldheim **Date signed** Oct 19 1940

**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

*Isaac Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *1120 E 23rd St*

**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.**