

No. 2
1-13-40
1-17-39
K 23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37662
Registrar's No. 4260

Registration District No. 399 Primary Registration District No. 1002

REC'D DEC 11 1940
2
0

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:
3326 Harrison,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 65 years, (Specify whether
years, months or days)

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. 3326 Harrison,
(If rural, give location)
(e) If foreign born, how long in U. S. A. No. years.

3. (a) PRINT FULL NAME Mrs. Sarah Ann McEwen,
3. (b) If veteran, name war. no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 7th
year 1940 hour 4:30 minute P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed,
6. (b) Name of husband or wife John McEwen 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased. May 18, 1847
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 15, 1934 to Nov. 7, 1940
that I last saw her alive on Nov. 7, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
93 5 19 hr. min.

Immediate cause of death Acute dilatation of heart Duration
Chronic Myocarditis & Arteriosclerosis Several Years

9. Birthplace Massachusetts, (City, town, or county) (State or foreign country)
10. Usual occupation at home,
11. Industry or business X

Due to Chronic Myocarditis & Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) 930

MOTHER FATHER { 12. Name John E. Hudson,
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)

Major findings: Of operations
Of autopsy none
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank C. Kenyon,
(b) Address 3326 Harrison, Kansas City, Mo.
17. (a) Removal, (b) Date thereof 11-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lawrence, Kansas,

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?

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) Nov. 8, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
23. Signature M. M. Brown
Address 6530 Euclid Ave Date signed 11-8-40

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

Dr. W. Connelly Anderson

6520 2nd. Be. 0756

1.30 75.00

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, fact should be so stated above.