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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37757

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4355

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

DEC 11 1940

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 601 East 8 St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 35 yrs
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. 601 East 8 St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sampson Pierce Sage
Sampson Pierce Sage

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Felitha Coma Sage
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Apr 28 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Va 1
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture Store 4

11. Industry or business 4

FATHER
12. Name John Sage 1
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William Floyd Sage
(b) Address 601 East 8 St

17. (a) Burial (b) Date thereof 11-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cem - Gallatin Mo.

18. (a) Signature of funeral director Mrs. C L Fonter
(b) Address 918 Brooklyn K.C. Mo

19. (a) 11-15-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1932 to Nov 14 1940
that I last saw him alive on Oct 1 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Bronchopneumonia	2 ds
Due to Terminal	
10 Ca	
Due to	
Other conditions Prostatic obstructions (Include pregnancy within 3 months of death)	10 yrs

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature G. C. McCormick (M. D. or other)
Address 1127 Tiffany K C Mo Date signed 11-15-40

(Licensed Embalmer's Statement on Reverse Side)

1127 Mast

Vic 0542

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address K.C. Mo

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

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