

No. 2
4-13-40
5-17-39
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2865

State File No.

Registration District No. 398

Primary Registration District No. 5534

Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution:
9836 Winner Road,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether years, months or days)

In this community 60 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,

(c) City or town Independence, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 9836 Winner Road,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Frances Ann Sinclair,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th,
year 1941 hour 5:00 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 James Sinclair,

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

7. Birth date of deceased November 17 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1941 to Jan 15 1941
that I last saw her alive on Jan 15 1941
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>1</u>	<u>29</u>	hr. min.

Immediate cause of death Pneumonia

• Duration

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

10. Usual occupation at home,

Due to Influenza

Due to

Other conditions 322K
(Include pregnancy within 3 months of death)

11. Industry or business X

MOTHER FATHER {

12. Name Charles Gillott,

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

14. Maiden name Holmes,

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

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Isabell Sinclair,

(b) Address 9836 Winner Road, Independence, Mo.

17. (a) Burial, (b) Date thereof 1-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

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? 360
(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) Jan 16 41 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(e) Means of injury

23. Signature J. S. Bennett (M. D. or other) Med D.
Address 1533 Oak, Independence signed 1/14/41

J. A. Bennett
Dr. J. A. Bennett,

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..... *Felix Remy*.....
Licensed Embalmer No..... *H-127*.....
P. O. Address..... *Kansas City, 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, fact should be so stated above.