S. No. 2
I—1-4-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17317

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1979

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

48
3
8

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: Lakeside Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 1836 East 75th Street Terrace 8 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Emma B. Saxton
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. William H. Saxton
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased March (Month) 6 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
66	2	14	hr. min.

9. Birthplace Sedalia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Teacher
11. Industry or business Kansas City School Board
FATHER
12. Name William Barrick
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Sarah E. Alford
15. Birthplace Lancaster (City, town, or county) Ohio (State or foreign country)
16. (a) Informant W. H. Saxton
(b) Address 1836 E 75th Terr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) May 20, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1941 hour 8 minute 15 A. M.
21. I hereby certify that I attended the deceased from May 17-41, 19..., to May 20 1941; that I last saw her alive on May 20 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene Ruptured appendix Mechanical Obstruction of bowel

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Lap. General Peritonitis.
Of autopsy none

Duration about 36 hrs

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 [signature] (M. D. or other) 20
Address Date signed 5-20-41

(Licensed Embalmer's Statement on Reverse Side)

518 Argyle Bldg
1:30. 57

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 C. Hervey Quisenbu

Licensed Embalmer No. 4070

P. O. Address K. C. Mo

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

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