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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 19[illegible]

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9754

Primary Registration District No. 1002

Registrar's No. 1251

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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-8-42-3-25-42 (Specify whether years, months or days)

In this community 64 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 048

(c) City or town: Kansas City 32
(If outside city or town limits, write "RURAL")

(d) Street No. 1321 E. 17th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: SADIE MAHAN

3. (b) If veteran, name war: —

3. (c) Social Security No. none.

4. Sex: Female 3

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widow 2

6. (b) Name of husband or wife: Fred mahan.

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

7. Birth date of deceased: December (Month) 12 (Day) 1877 (Year)

8. AGE: Years 64 Months 3 Days 13 If less than one day hr. min.

9. Birthplace: Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Unemployed

11. Industry or business:

FATHER
12. Name: Branch Ellington
13. Birthplace: Saline County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Mary Price
15. Birthplace: Richmond (City, town, or county) Virginia 0 (State or foreign country)

16. (a) Informant: Record Clerk
(b) Address: General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: H. B. Moore
(b) Address: 1820 E. 18th St.

19. (a) 3-30-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1942 hour 5 minute 00 a. M.

21. I hereby certify that I attended the deceased from March 8, 1942 to March 25, 1942; that I last saw her alive on March 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Carcinomatosis

Due to: Primary squamous cell Carcinoma of body of Uterus

Due to:

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

Major findings:
Of operations:

Of autopsy:

Duration

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) (e) Means of injury: 0

23. Signature: [illegible] (M. D. ~~or other~~)

Address: Gen. Hosp. #2-6008 E. 22 Date signed 3-26-42

361 (Licensed Embalmer's Statement on Reverse Side)

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 me

H B Moore, Registered Apprentice No.

working under my personal supervision.

Signed H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E. 18 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, fact should be so stated above.