

7. S. No. 2  
DM-9.4-41  
Rev. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13492

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 1868

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital 6 days  
In this community 30 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3409 Wyandotte Street  
(e) Citizen of foreign country? No  
If yes, name country --

3. (a) PRINT FULL NAME Wilcox Sadie Peddicord  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 10th  
year 1942 hour 6 minute 45 A.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Mr. John Peddicord  
(c) Age of husband or wife if alive -- years

21. I hereby certify that I attended the deceased from 5-1-42, 19\_\_\_\_, to 5-10-42, 19\_\_\_\_  
that I last saw her alive on 5-10-42, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: December 31 1877  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of breast with metastases; Acute pericarditis  
Due to 50  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
64 4 109 hr. min.

Major findings: Of operations \_\_\_\_\_  
Of autopsy See above

9. Birthplace Greenville Ohio  
(City, town, or county) (State or foreign country)  
10. Usual occupation Secretary - Retired  
11. Industry or business Seiben Chemical Company

MOTHER FATHER { 12. Name Oliver Wilcox  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Overman  
15. Birthplace Maryland  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Chester W. Jeans  
(b) Address 237 E 7th St.  
17. (a) Burial (b) Date thereof May 12, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial of cremation Mt. Washington Cemetery  
18. (a) Signature of funeral director W.H. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.  
19. (a) 5-12-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

23. Signature Amey R. Thow (M. D. or other) 0  
Address Med. Dir. K.C. General Hospital Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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**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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address KC 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.**