S. No. 2
M—9-4-41
v. 5-17-39
I—X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

20236

State File No. 2491

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

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: 1323 Linwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 yrs

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. 1323 Linwood 8
(If rural, give location) 3
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah E. De Bold
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Will De Bold
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Oct. 29 1875 (Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Bury (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Silas Nicholson
13. Birthplace (City, town, or county) Penn (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace Mary Krebbs (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Will De Bold
(b) Address 1323 Linwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah
18. (a) Signature of funeral director Geo C K Foster
(b) Address 918 Brooklyn
19. (a) 6-30-42 (Date received local registrar) (b) H. H. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1942 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from 6-27-42, 19..., to 6-28-42, 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | |
| Due to Hypertension | |
| Due to 8361 | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations no
Of autopsy no

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) no
(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 W. P. Miller (M. D. or other)
Address Independence Date signed 6-29-42

361 (Licensed Embalmer's Statement on Reverse Side)

Walter O Miller
Apple Bldg.

## 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

....., Registered Apprentice No.....,

working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas City

**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.**