

FILED MAY 3 1943
 Registration District No. **1002**

Primary Registration District No. **1002**

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

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:
1611 E. 22nd Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **40 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **SARAH HOWARD ABRAM**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **FE** 5. Color or race **3 Negro** 6. (a) Single, widowed, married, divorced **2 widowed**

(b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **29** years (Month) (Day) (Year)

7. Birth date of deceased **Aug 29 1873** (Month) (Day) (Year)

8. AGE: Years **69** Months **7** Days **5** If less than one day **0** hr. min.

9. Birthplace **no** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Richard Howard**

13. Birthplace **no** (City, town, or county) (State or foreign country)

14. Maiden name **Amanda Howard** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Ruby Smith**

(b) Address **1611 E. 22nd**

17. (a) **Burial** (Special cremation, or removal) (b) Date thereof **4-8-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn K.C.K.**

18. (a) Signature of funeral director **Wm. H. Greenstreet** (b) Address **1619 E. 12th St. Mo.**

19. (a) **4/6/43** (Date received local registrar) (b) **W. H. Greenstreet** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **mo** (b) County **Jackson**
 (c) City or town **Kansas City, Mo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1611 E. 22nd** (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4** 19**43**
 year **1943** hour **8:10** minute **P** M.

21. I hereby certify that I attended the deceased from **4 hrs**
April 1 19**43** to **April 4 Sun** 19**43**
 that I last saw her alive on **April 4-43** 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Hyperensive Heart Disease -**

Due to **935**

Other conditions **previous stroke (apoplexy)**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

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?

23. Signature **Geo W Hedgcock M.D.** (Specify type of place) (c) Means of Injury **no**
 Address **1619 E 12th St Mo** Date signed **4/6/43**

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

Handwritten notes in the top left corner, including the word "burial" and other illegible scribbles.

Handwritten notes in the top right corner, including the word "burial" and other illegible scribbles.

Large handwritten text in the center, including the name "MARIA VAN HASAR" and other illegible words.

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

working under my personal supervision.

Handwritten signature of the licensed embalmer.
Registered Apprentice No. _____

Signed

Handwritten signature of the licensed embalmer.

Licensed Embalmer No. 2211

P. O. Address 1819 E. 15th - KC

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.