

7. S. No. 2
M-94-41
est. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19062
Registrar's No. 1176

FILED MAY 22 1943

Registration District No. 367

Primary Registration District No. 6076

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

9600

1. PLACE OF DEATH:

(a) County Missouri

(b) City or town 5. Kinloch mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Carson Road 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 960

(c) City or town 5. Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No. Carson Road
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Morland

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17-4-2
year 1943 hour 11 minute 10A M.

21. I hereby certify that I attended the deceased from 5-9th day
1943, to 5-17-
1943

that I last saw her alive on 5-14-
1943

4. Sex Female 5. Color or race 3 negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Dec. 21 1867
(Month) (Day) (Year)

Immediate cause of death Interstital nephritis,

Due to uremia coma

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

75 4 27 hr. _____ min.

9. Birthplace: Atlanta Georgia
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation None

11. Industry or business None

12. Name Unknown

13. Birthplace Africa
(City, town, county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Atlanta Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Edo Peoples

(b) Address Carson Road - Kinloch

17. (a) Burial (b) Date thereof 5/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 7th St

19. (a) 5-18-43 (b) S. M. Carson
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature: S. M. Carson (M. D. or other) _____
Date signed 5-17-43

(Licensed Embalmer's Statement on Reverse Side)

707

MAY 26 1948

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

S. J. Watson

Licensed Embalmer No. *269 f*

P. O. Address *2769 Charlotte*

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.