

FILED NOV 10 1943

Registration District No. 149

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:
4304 Main Street - 2nd Floor North
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 4304 Main Street-2nd Floor North
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -----

3. (a) PRINTED FULL NAME Mrs. Sarah Elizabeth Carr Headrick

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Charles Headrick 6. (c) Age of husband or wife if alive 4 years 1860

7. Birth date of deceased August 4 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

MOTHER FATHER
 { 12. Name Joseph Carr
 { 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sula Hatfield

(b) Address 4304 Main

17. (a) Removal (b) Date thereof 10-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial West Plains, Missouri

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-30-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
 year 1943 hour 4 minute 35 A. M.

21. I hereby certify that I attended the deceased from Oct 26
 1943, to Oct 29 1943
 that I last saw her alive on Oct 28 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Left Lobe Pneumonia Duration 16 hours
Ch. Myocarditis ?
Decomposition
 Due to Septic 2 weeks.
 Other conditions Arterio sclerosis ?
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations 108
 Of autopsy no

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 Leo A. O'Brien (M. D. or other) O. M. D.
 Address 1002 Argyle K.C. Mo Date signed 10-28-43

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

