

FILED MAY 23 1944

Registration District No.

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/5/44 To 5/7/44
(Specify whether
In this community 50 years
years, months or days)

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. 526 S. Denver
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sarah Anderson

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 2 Widowed

6. (b) Name of husband or wife Henry P. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 10, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 8 27 hr. min.

9. Birthplace Jerseyville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

12. Name Henry Sullivan

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

14. Maiden name Ann Eastly

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

16. (a) Informant S. Z. Meek

(b) Address 804 Ewing

17. (a) Burial (b) Date thereof May 10, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C. H. Blackman & Son,

(b) Address Kansas City, Mo.

19. (a) 5-9-44 (b) N. E. Brown
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1944 hour 9 minute 55 p. M.

21. I hereby certify that I attended the deceased from 11:30 p.m. 19 1944;
that I last saw him alive on 5/7/44 19 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary embolism
Duration _____

Due to fracture of left hip

Due to _____
Other conditions (include pregnancy within 3 months of death) 1860

Major findings: Smith-Petersen ruling of the left hip
Of operations _____
Of autopsy See above

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) accident, 123
(b) Date of occurrence April 5, 1944
(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature C. E. Usher (M. D. or other) Full Trauma
Address 23rd & McClary Date signed 5/8/44

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

MOTHER FATHER

301

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 Park G. Rowe *Park G. Rowe*

Licensed Embalmer No 2347

P. O. Address K. C. 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.