

S. No. 2
OM-5-43
rv. 5-17-39
I X36671

FILED DEC 12 1944
1446

Registration District No. **146**

Primary Registration District No. **3026**

Registrar's No. **301**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Independence, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence, Sanitarium
(If not in hospital or institution, write street number or location) **0**

(d) Length of stay: In hospital or institution **5 Days** (Specify whether years, months or days)

In this community **65 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **42**

(c) City or town **Independence,** **4**
(If outside city or town limits, write "RURAL") **4**

(d) Street No. **223 North Noland**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **SARAH ELIZABETH TOTTY**

3. (b) If veteran, name war **None**

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

6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **May 9 1853**
(Month) (Day) (Year)

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

91 **5** **24** hr. min.

9. Birthplace **Hickman County Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Jones Totty**

13. Birthplace **Hickman County Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **Edalin Reed**

15. Birthplace **Hickman County Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Adaline Tignor**

(b) Address **207 Van Horn Road, Indep. Mo**

17. (a) **Burial** (b) Date thereof **11-7-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cem**

18. (a) Signature of funeral director **George C. Carson**

(b) Address **Independence, Missouri**

19. (a) **11-6-1944** (b) **Samuel Ross**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **5** th
year **1944** hour **12** minute **46** A.M.

21. I hereby certify that I attended the deceased from **October 29th** 19**44** to **Nov 5** 19**44**
that I last saw her alive on **Nov 5** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Brancho Pneumonia** **10 days**

Due to **Cerebral tumor stage & left sided hemiplegia** **3 weeks**

Due to **Hypertension**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **g30**

Of operations

Of autopsy **no autopsy**

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)

(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 **E. Allen** (M. D. or other) **MD**

Address **Independence, Mo** Date signed **11-6-44**

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

MOTHER FATHER

116 3

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..... *Floyd C. Carson*

Licensed Embalmer No. *4199*

P. O. Address..... *Independence, 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.