

**FILED** JAN 31 1946  
Registration District No. 177

Primary Registration District No. 1003

**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:  
5830 East 27th. Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 38 Years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2202 Indiana 8  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Sarah Belle Carl  
3. (b) If veteran, name war No 3. (c) Social Security No. 495-07-8388

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow Y  
6. (b) Name of husband or wife William H. Carl 6. (c) Age of husband or wife if alive \* years  
7. Birth date of deceased 3 - 7 - 1878  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
67 9 28 hr. \_\_\_\_\_ min.

9. Birthplace Adair County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Power Machine operator

11. Industry or business Standard Laundry

**MOTHER FATHER**  
12. Name Edward DeMoney  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Eliza Reynolds  
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alfred E. Kretzschner

(b) Address 5830 East 27th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City Mo.

19. (a) 1-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month January day 5th year 1946 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from Nov 23 1945 to Jan 5 1946 that I last saw her alive on 5 January 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 2 mo

Due to arteriosclerosis + hypertension 6 yrs

Due to also adenoma of thyroid + myxomatosis

Other conditions Coronary thrombosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none 638

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Thomas P. Kelt (M. D. or other) M.D.

Address Wess Patterson Date signed 7/24/46

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

876

4000 Baltimore  
Mar 1979  
JAMES F. ROBB

**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..... *Carlhand Minor* .....  
Licensed Embalmer No..... *3414* .....  
P. O. Address..... *918 Brooklyn* .....  
*R. O. Minor*

**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.**