

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1729
Registrar's No. 188

FILED JAN 31 1946
Registration District No. 149

Primary Registration District No. 1002

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:
2843 Campbell 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 6 Years
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. 2843 Campbell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. ELIZABETH ANN SAPHIR

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

7. Birth date of deceased April 17th, 1865
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>80</u>	<u>8</u>	<u>23</u>	hr. _____ min.

9. Birthplace Woodstock, Ontario Canada
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Edward Chamberlain

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

14. Maiden name Shaw

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

16. (a) Informant Miss Nurdeane Saphir

(b) Address 2843 Campbell Street

17. (a) Cremation (b) Date thereof 1 / 12 / 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 1-12-46 (b) Sheldene Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th.
year 1946 hour eight minute 40 M.

21. I hereby certify that I attended the deceased from Jan 7th
to Jan 10th, 1946
that I last saw him alive on Jan 10th and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 3 days

Due to Hypertension ?

Due to Generalized Arterio-sclerosis ?

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

Major findings:
Of operations §30
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 M. Charles (M. D. or other) M.D.

Address 6277 Brookside Date signed 1/11/46

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

1227

The W. J. Spencer
6347 Sherman Ave
St. Louis - Mo

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 *James Freeman*

Licensed Embalmer No. *2939*

P. O. Address *F. O. 240*

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.