

No. 2
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5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9112

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1463

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 15 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Sadonie M. Harley

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife J. D. Harley

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 17 1889
(Month) (Day) (Year)

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

57 58 8 10 11 hr. min.

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

10. Usual occupation at home

11. Industry or business x

MOTHER FATHER

12. Name Jacob Saylor

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 J. D. Harley

(b) Address 3744 Woodland, Kansas City, Mo.

17. (a) removal (b) Date thereof 3-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus, Ohio

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-29-47 Sheldine Holmes
(Date received local Registrar) (Registrar's signature)

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. 3744 Woodland
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x

20. DATE OF DEATH: Month March day 28
year 1947 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 26 1947 to March 28 1947; that I last saw her alive on March 28 1947; and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerotic heart disease
Bronchopneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See above

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 plant) _____

(e) Means of injury _____

23. Signature W. W. Hart (M.D. or other) _____

Address Med. Dir. Gen'l Hosp. Date signed 3-28-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

48
3
8

938

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

Dr. Lamin

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 *Thomas E. Quirk*
Licensed Embalmer No. *3775*
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.