

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: **Trinity Lutheran Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 days** (Specify whether  
In this community **4 years** (years, months or days)

3. (a) PRINT FULL NAME **Sara Jane Hough**

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 **widowed**

6. (b) Name of husband or wife **Joseph** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Feb. 26 1859**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>88</b>	<b>4</b>	<b>8</b>	hr. min.

9. Birthplace **Carroll Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business **Home**

12. Name **James Adkins**

13. Birthplace **Louisville Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Simpson**

15. Birthplace **Louisville Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Russel Haney**

(b) Address **1411 S. 34, K. C. Kans.**

17. (a) **Burial** (b) Date thereof **7/7/47**  
(Burial, cremation, removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bonner Cemetery Bonner Springs, Mo.**

18. (a) Signature of funeral director **S. Simpson**

(b) Address **1404 So. 37, K.C. Mo.**

19. (a) **7-5-47** (b) **Heraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Kansas** (b) County **Wyandotte 999**  
(c) City or town **Kansas City** (If outside city or town limits, write "RURAL") **14**  
(d) Street No. **1411 S 34th St.** (If rural, give location) **2**  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **4**  
year **1947** hour **11:** minute **A.M.**

21. I hereby certify that I attended the deceased from **6/29 1947** to **7/4 1947**  
that I last saw him alive on **7/4 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** **1 yr**  
Due to **arterio-sclerosis** **10 yrs**

Due to \_\_\_\_\_  
Other conditions **Ischemic** **5 days**  
(Include pregnancy within 3 months of death)

Major findings: **1860**  
Of operations: **18**  
Of autopsy: \_\_\_\_\_

Duration  
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** **151**  
(b) Date of occurrence **6/29/47** **106**  
(c) Where did injury occur? **1411 S 34 KC Kans**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **about home**

While at work? **fall down**  
(Specify type of place) (e) Means of injury **fall down**  
23. Signature **J. J. Rialto** (M. D. or other)  
Address **727 Rialto** Date signed **7/5/47**

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

48  
3  
8

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**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.....

*H. Simmons*

Licensed Embalmer No. 3803

P. O. Address. H. C. Co.

**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.**