No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24373

FILED AUG 13 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3248

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

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~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 1 WEEK (Specify whether
In this community 34 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. 3 EAST 54TH STREET TERRACE 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS. BELLE LOUISE SHERBURNE

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 MARRIED

6. (b) Name of husband ~~or wife~~ MR. ARTHUR H. SHERBURNE

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased DECEMBER (Month) 8 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	7	23	hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name DANIEL A. SMITH
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DORA E. WILCOX
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MR. ARTHUR H. SHERBURNE
(b) Address 3 EAST 54TH TERRACE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 2 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 8-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 31ST year 1947 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3/15, 1947 to 7/31/47, 19..; that I last saw her alive on 7-31, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Oedema

Due to Brain Metastasis

Due to Carcinoma left breast

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations NO 50

Of autopsy NO

Duration

PHYSICIAN

Underline the cause of 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 [signature] (M. D. or other) M.D.

Address 830 Argyle K.C. Mo Date signed 8/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Bernard L Foran.....

Licensed Embalmer No.....42550.....

P. O. Address.....W 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.