

S. No. 300
M-10-47
v. 5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16547**
2114
Registrar's No. _____

FILED JUN 1 1948, 49
Registration District No. _____

Primary Registration District No. 1002

WRITE PLAINLY—USE 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:
3949 Warwick Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 11 years (Specify whether)

3. (a) PRINT FULL NAME CARRIE MAY SUBLETTE

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 Widow

6. (b) Name of husband or wife John Sublette 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased September 2 1873
(Month) (Day) (Year)

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

74 8 16 hr. _____ min.

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

10. Usual occupation Home

11. Industry or business X

12. Name Henry Serfass

13. Birthplace Ohio
(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 Mrs. Roy Blankenship

(b) Address 3949 Warwick Blvd. K. C. Mo

17. (a) Burial (b) Date thereof May 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Missouri

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 5-19-48 (b) M. H. Hodgson
(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. 3949 Warwick
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-5-48
to 5-18-48, 19____ to 5-18-48, 19____

that I last saw her alive on 5-17-48
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma with metastasis

Due to (Probably primary in gall bladder)

Due to _____

Other conditions 46 f
(Include pregnancy within 3 months of death)

Major findings: Extensive carcinoma with metastasis

Of operations _____

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:

(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 F. H. Hodgson (M. D. or other) MO

Address 4301 main Date signed 5-19-48

Dr. Frank Hodgson

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..... *Chas E. Wilks*.....

Licensed Embalmer No. *9644*.....

P. O. Address *H.C. 210*.....

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.