

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32942**
4266
Registrar's No.

FILED NOV 6 1948

Registration District No. **149**

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: **1268 W. 71st. Terrace /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 years** (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson 48**
(c) City or town **Kansas City 2**
(If outside city or town limits, write "RURAL")
(d) Street No. **1268 W. 71st. Terrace 1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **Mrs. Sarah E. Hyder**
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 **Jacob H. Hyder** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 4th, 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 16 hr. min.

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER
12. Name **Noble Brelsford**
13. Birthplace **Ohio /**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Ellis**
15. Birthplace **Ohio /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Robert Minteer**

(b) Address **1268 W. 71st. Terrace**

17. (a) Burial (b) Date thereof **10-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary.**

(b) Address **Kansas City, Missouri**

19. (a) 10-20-48 (b) **Deraldine Holman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **20th.**
year **1948** hour **3** minute **20 A. M.**

21. I hereby certify that I attended the deceased from **Sept 28**
1948, to **Oct 20**, 19**48**,
that I last saw her alive on **Oct 18**, 19**48**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis,**
Anterior subcoronary heart disease,
2 Myocardial infarction. Duration **3 mo.**

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) **93d**

Major findings:
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? **U**

(Specify type of plate)
While at work? **Joseph E. Welker** (e) Means of injury _____
Joseph E. Welker (M. D. or other)
Signature **1836 Prof Bldg** Address _____ Date signed **Oct 20, 48**

K.C. Mo.

Prof. P. B. S.
1:30 & 5

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 Edwin E. Freeman
Licensed Embalmer No. 481
P. O. Address Kansas City, 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.