

FILED JAN 3 1949 / 149

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:
5740 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. 5740 Harrison 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Belle Sandridge
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 19th.
year 1948 hour 7 minute 15 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Andrew J. Sandridge
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased 1 1 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 20 1948 to Dec. 19 1948
that I last saw her alive on Dec 18 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 11 Days 216
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage 2960
Due to arterio-sclerosis

9. Birthplace Arrow Rock Missouri
(City, town, or county) (State or foreign country)

Due to Cerebral aneurysm
Renal disease 1040

10. Usual occupation Housewife

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Dick Shannon
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
13/2

16. (a) Informant Mrs. H.A. Sargent
(b) Address 5740 Harrison
17. (a) Removal (b) Date thereof: 12-21-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nelson, Missouri

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 _____

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Mo.
19. (a) 12-20-48 (b) Sheraldine Holman
(Date received local registrar) (Registrar's signature)

Signature D. F. Hogan D. F. Hogan
Address 801 1/2 W 31st St (M. D. or other)
Date signed 12-20-48

Dr. Daniel Hogan
Va. 3660
801 1/2 west 39th.

3-5-19

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 Robert A. Herrmann
Licensed Embalmer No. 3700
P. O. Address K.C. No.

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.