

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1300**
230

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 3730 Garner	

3. NAME OF DECEASED (Type or Print) a. (First) Sarah	b. (Middle) L.	c. (Last) Kitchen	4. DATE OF DEATH (Month) (Day) (Year) 1 14 1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH AUG-21-1882	9. AGE (In years last birthday) 66YRS.	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KNOXVILLE, TENNESSEE		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM R. WEBER	13b. MOTHER'S MAIDEN NAME UNKNOWN CASTEELE	14. NAME OF HUSBAND OR WIFE CHARLES B. KITCHEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME CHARLES B. KITCHEN ADDRESS 3730 GARNER AVE. KANSAS CITY, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral thrombosis with infarction	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH 21 days
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS 332 X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? d

22. I hereby certify that I attended the deceased from Dec. 21, 1948, to Jan. 11, 1949, that I last saw the deceased alive on Jan. 11, 1949, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Hart (Degree or title)	23b. ADDRESS Med. Dir. Gen'l Hosp.	23c. DATE SIGNED 1-14-49
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE JAN-14-1949	24c. NAME OF CEMETERY OR CREMATORY
DATE REC'D BY LOCAL REG. 1-17-49		24d. LOCATION (City, town, or county) (State) CARTHAGE MISSOURI

REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer Sons ADDRESS 1401 BRUSH CREEK BLVD. KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

A. H. Lee

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *Bernard L. Thomas*

Signed _____
Student Embalmer

Licensed Embalmer No. *4250*

P. O. Address *H. 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.