

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1409

State File No. ....

61

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>COUNTY <b>JACKSON</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>                              |  | d. STREET ADDRESS (If rural, give location) <b>1609 Woodland Avenue</b>   |  |

|   |            |             |           |   |
|---|------------|-------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) <b>PATIENCE SANDERS</b> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 1 1949</b> |
|---|------------|-------------|-----------|---|

|                      |                               |   |                                 |   |                        |                       |       |      |
|----------------------|-------------------------------|---|---------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX <b>FEMALE</b> | 6. COLOR OR RACE <b>NEGRO</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b> | 8. DATE OF BIRTH <b>UNKNOWN</b> | 9. AGE (In years last birthday) <b>75</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|----------------------|-------------------------------|---|---------------------------------|---|------------------------|-----------------------|-------|------|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <b>UNKNOWN 9</b> | 12. CITIZEN OF WHAT COUNTRY <b>USA</b> |
|--|-----------------------------------|--|--|

|                                   |  |  |
|-----------------------------------|--|--|
| 13a. FATHER'S NAME <b>UNKNOWN</b> | 13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b> | 14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b> |
|-----------------------------------|--|--|

|  |                                     |  |                                     |
|--|-------------------------------------|--|-------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b> | 16. SOCIAL SECURITY NO. <b>NONE</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>WILLIE BOLTON</b> | ADDRESS <b>1609 Woodland Avenue</b> |
|--|-------------------------------------|--|-------------------------------------|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>TERMINAL BRONCHO PNEUMONIA</b>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>HYPERTENSIVE TYPE HEART DISEASE WITH DECOMPENSATION</b> |  |                                  |
|  | DUE TO (c)   |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>443</b>   |  |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.) | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 12/16/48, 19  , to 1/1/, 1949, that I last saw the deceased alive on 1/1/, 1949, and that death occurred at 1:20A m., from the causes and on the date stated above.

|  |  |                                |
|--|--|--------------------------------|
| 23a. SIGNATURE <b>E. Frank Ellis</b> (Degree or title) <b>MO</b> | 23b. ADDRESS <b>600 East 22nd Street</b> | 23c. DATE SIGNED <b>1/3/49</b> |
|--|--|--------------------------------|

|   |                              |   |  |
|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>Jan 8, 1949</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>LINCOLN</b> | 24d. LOCATION (City, town, or county) (State) <b>M. C. MO.</b> |
|---|------------------------------|---|--|

|  |   |   |   |
|--|---|---|---|
| DATE REC'D BY LOCAL REG. <b>1-6-49</b> | REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>John + Irene Street</b> | ADDRESS <b>1819 E. 15<sup>th</sup> St</b> |
|--|---|---|---|

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

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.....

*W. G. Flynn*

Signed.....

Student Embalmer

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15<sup>th</sup> Kc

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.