

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1282

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1282	
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. LENGTH OF STAY (In this place) 35 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3418 VIRGINIA AVENUE				d. STREET ADDRESS (If rural, give location) 3418 VIRGINIA AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) SARAH		b. (Middle) ELLEN		c. (Last) MOUS		4. DATE OF DEATH (Month) (Day) (Year) MAR-19-1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN-9-1871	
9. AGE (In years last birthday) 78 YEARS		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) DAVIS COUNTY MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME DAVID HENRY STANCLIFF		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE WILLIAM MOUS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MISS ETHEL MOUS		ADDRESS 3418 VIRGINIA AVENUE KANSAS CITY, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Kidney or Heart Failure</u> ANTECEDENT CAUSES <u>Metastatic Cancer</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HIOX</u>				INTERVAL BETWEEN ONSET AND DEATH 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 10, 1949, to Mar 19, 1949, that I last saw the deceased alive on Mar 19, 1949, and that death occurred at 12:40 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Carl A. Jackson (Degree or title)				23b. ADDRESS 1103 Commercial		23c. DATE SIGNED 3-21-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 22 1949		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 3-21-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer ADDRESS 1401 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI			

(Licensed Embalmer's Statement on Reverse Side)

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

9:30-3:30

### 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 \_\_\_\_\_

DOYLE W. DANIEL

Student Embalmer No. 238

working under my personal supervision.

Signed

Doyle W. Daniel  
Student Embalmer

Signed

Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address

K. C. 4 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.