

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23620

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3288</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>80 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1 D</u>				d. STREET ADDRESS (If rural, give location) <u>3609 E. 17 St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>Bell</u> c. (Last) <u>Sammons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 27 1949</u>						
5. SEX <u>Female /</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 1, 1880 / 860</u>			
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u>		IF UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Muse Bottom West Virginia. 1</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13a. FATHER'S NAME <u>Wm. Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Stats</u>			14. NAME OF HUSBAND OR WIFE <u>Benj. Sammons.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Ann Meek, 3609 E. 17th. k.c. mo</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mos. 3 das.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of left hip</u>				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>e90/12/21</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson, Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 24 1949 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall</u>					
22. I hereby certify that I attended the deceased from <u>June 24, 1949</u> , to <u>July 27, 1949</u> , that I last saw the deceased alive on <u>July 27, 1949</u> , and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)				23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>				23c. DATE SIGNED <u>7-27-49</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>July 29, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sibley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sibley, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-29-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George C. Carson, Independence, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. [unclear]

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.

Student _____
Student Embalmer

Signed *Alfred C. Carson*

Licensed Embalmer No. *4199*

P. O. Address *Independence, 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.