

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1350
123

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hosp.</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>3015 E 6th</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
a. (First) <u>EMMA</u>		(Month) (Day) (Year) <u>1-9-1950</u>		fe /		white	
b. (Middle) <u>MARIE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid.</u>		8. DATE OF BIRTH <u>Mar 11-1882</u>		9. AGE (in years last birthday) <u>67</u>	
c. (Last) <u>SANDERS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Marker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ford Laundry</u>		11. BIRTHPLACE (State or foreign country) <u>Davenport Iowa</u>	
13a. FATHER'S NAME <u>Henry Krohn</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Philebar</u>		14. NAME OF HUSBAND OR WIFE <u>Harry</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>495-05-0289</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Nordstrom</u> ADDRESS <u>3202 E 6th</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>		II. OTHER SIGNIFICANT CONDITIONS					
*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. ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.					
		DUE TO (b) <u>Hypertension; Arteriosclerosis generalized</u>					
		DUE TO (c) _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>				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? _____			
22. I hereby certify that I attended the deceased from <u>1/7</u> , 19 <u>50</u> , to <u>1/9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1/9</u> , 19 <u>50</u> , and that death occurred at <u>12:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul A. G. Johnson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>3011A. Indep. Ave.</u>		23c. DATE SIGNED <u>1/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-10-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son, Kansas City, Mo.</u> ADDRESS _____			

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

*Dr. Paul Johnson
Indep + Benton*

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 *W. Ross Blanford*.....

Licensed Embalmer No. *4015*.....

P. O. Address *N. C. Me.*.....

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.