

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8979

FILED APR 8 1950

State File No. ....

1141

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1141</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <b>JACKSON</b>		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. LENGTH OF STAY (In this place) <i>About 29 yrs</i>		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>815 East 8th Street</b>				
3. NAME OF DECEASED (Type or Print)			a. (First) <b>CLARENCE</b>		b. (Middle)		c. (Last) <b>SADLER</b>	
4. DATE OF DEATH		(Month) <b>MARCH</b>		(Day) <b>5</b>		(Year) <b>1950</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>SEPTEMBER 14 1904</b>		
9. AGE (In years last birthday) <b>45</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>NASHVILLE, TENNESSEE</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>CHARLES SADLER</b>			13b. MOTHER'S MAIDEN NAME <b>MATILDA FERRELL</b>			14. NAME OF HUSBAND OR WIFE <b>---</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>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>GERTRUDE LEE</b>		ADDRESS <b>815 East 8th Street</b>		
18. CAUSE OF DEATH				MEDICAL CERTIFICATION				
Enter only one cause per line for (a), (b), and (c)				INTERVAL BETWEEN ONSET AND DEATH				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RESPIRATORY FAILURE - terminal bronchopneumonia</b>								
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
II. OTHER SIGNIFICANT CONDITIONS								
Antecedent Causes								
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
DUE TO (b) <b>GENERAL DEBILITATION</b>								
(c) <b>pyelitis</b>								
DUE TO (c) <b>DIFFUSE VARICOCELE OF SPINAL CORD</b>								
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				
				<b>6000</b>				
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)		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>1-26-</u> <u>1950</u> , to <u>3-5-</u> <u>1950</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>3-</u> <u>5-</u> <u>1950</u> , and that death occurred at <u>12:50A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE REG. <b>Frank Ellis</b> (Degree or title)				23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>3-6-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/23/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>West Lawn</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Kansas</b>		
DATE REC'D BY LOCAL REG. <b>3-11-50</b>		REGISTRAR'S SIGNATURE <b>Deraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Stealing Killo</b>		ADDRESS <b>1212 W. ...</b>		

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....  
Student Embalmer

Signed *E. Sterling Bell* .....

Licensed Embalmer No. *3178* .....

P. O. Address *1212 Vine* .....

**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.