

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8994**  
**838**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>5 YRS.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nursing Home 310 ARMOUR</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 307</u> d. STREET ADDRESS (If rural, give location) <u>323 SOUTH DENVER 0</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>SARAH</u> b. (Middle) <u>L.</u> c. (Last) <u>SHARRATT</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>FEB-20-1950</u>	
<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>WIDOWED</u>	<b>8. DATE OF BIRTH</b> <u>MAY-11-1860</u>
<b>9. AGE</b> (In years last birthday) <u>89</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>AT HOME</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>ENGLAND</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>US</u>	<b>13a. FATHER'S NAME</b> <u>WILLIAM LEACH</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>ANN OAKLEY</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>REV. JAMES SHARRATT</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>GEORGE S. H. SHARRATT</u> <u>323 SOUTH DENVER KANSAS CITY, MO.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Cardio Vascular Renal System</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 Days</u>  <u>6 yrs</u>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>44</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>1945</u> , to <u>2-20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-20</u> , 19 <u>50</u> , and that death occurred at <u>9:50 P.m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>G. S. MOORE</u> (Degree or title)		<b>23b. ADDRESS</b> <u>1810 W. 45 KC-970</u>	<b>23c. DATE SIGNED</b> <u>2/21/50</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>FEB-23-1950</u>	<b>24c. NAME OF CEMETERY OR GREMATORY</b> <u>FORESTHILL CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>2-23-50</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Thelma Holmes</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>H. Newcomer</u> <u>1331 BROOK CREEK KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

working under my personal supervision.

Student Embalmer No.....

Signed *D. B. Nofsinger*

Signed.....  
Student Embalmer

Licensed Embalmer No *3938*

P. O. Address *Kansas City, 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.