

S. No. 300
V. 10.480
0480

FILED AUG 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27238
Registrar's No. 322

BIRTH NO.		REG. DIST. NO. 146	PRIMARY REG. DIST. NO. 5368	Registrar's No. 322	
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 3, Missouri		c. LENGTH OF STAY (In this place) 3 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3, Rural, Blue 0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9316 East 27 th. St.			d. STREET ADDRESS (If rural, give location) 9316 East 27 th 0		
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) E. c. (Last) MOHRING			4. DATE OF DEATH (Month) (Day) (Year) 8-10-50		
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-2-1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 3 IF UNDER 12 HRS. Days 8 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Boone Co., Pa.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm. Griffin		13b. MOTHER'S MAIDEN NAME Elizabeth Hamilton	14. NAME OF HUSBAND OR WIFE Herman F. Mohring		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman F. Mohring, Kansas City 3, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 14 months 0151X
19a. DATE OF OPERATION 6/2/49	19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach		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) (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 6/2, 1949, to 8/10, 1950, that I last saw the deceased alive on 8/4, 1950, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edward H. Klein M.D.			23b. ADDRESS Play Med. Bldg. KC Mo		23c. DATE SIGNED 8-11-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal #4	24b. DATE 8-11-50	24c. NAME OF CEMETERY OR CREMATORY Springfield Cema.	24d. LOCATION (City, town, or county) (State) Springfield, Missouri		
DATE REC'D BY LOCAL REG. aug. 11. 1950	REGISTRAR'S SIGNATURE [Signature]	25. FURNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 3542 1/2 Geo. C. Carson Indep. Mo		

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: *Charles E. Schroeder*

Licensed Embalmer No. *4741*

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.