

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1950

State File No. 40895

5001

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

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 OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 30 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY MISSOURI	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2757 CHARLOTTE ST.		d. STREET ADDRESS (If rural, give location) 2757 CHARLOTTE STREET	

3. NAME OF DECEASED (Type or Print)	a. (First) MISS SARA	b. (Middle) LEE	c. (Last) MOHR	4. DATE OF DEATH (Month) (Day) (Year) Nov 23 50
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH July 4 - 1893	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered NURSE	10b. KIND OF BUSINESS OR INDUSTRY Industrial	11. BIRTHPLACE (State or foreign country) Quincy Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME HENRY MOHR	13b. MOTHER'S MAIDEN NAME Louis Henning	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. MARGARET BINGER	ADDRESS 2757 CHARLOTTE ST. KANSAS CITY, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Encephalitis		
11. OTHER SIGNIFICANT CONDITIONS-- Conditions contributing to the death but not related to the disease or condition causing death. Pericardial Hemorrhage		18 yrs	24 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 5 yrs, 10 mo, to 11-23, 1950, that I last saw the deceased alive on 11-23, 1950, and that death occurred at 8:05 pm., from the causes and on the date stated above.

23a. SIGNATURE M. L. Fletcher (Degree or title)	23b. ADDRESS 922 W. 24th KCMO	23c. DATE SIGNED 11-24-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov 27 1950	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 11-27-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE A. N. Newcomer	ADDRESS 1391 BRUSH CREEK KANSAS CITY, MO.
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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

John B Lewis Jr
working under my personal supervision.

Student Embalmer No. 907

Signed John B Lewis Jr
Student Embalmer

Signed Charles H Stickney

Licensed Embalmer No. 4560

P. O. Address KC, 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.