S. No. 300
v. 10.48

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

FILED APR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8789

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1396

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 50 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3515 Cherry Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3515 Cherry Street

3508

3. NAME OF DECEASED (Type or Print)
a. (First): Blanche
b. (Middle): A.
c. (Last): Sands

4. DATE OF DEATH (Month) March (Day) 29 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 6, 1882
9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: 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: ———
11. BIRTHPLACE (State or foreign country): New Canton, Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Benjamin J. Lindsey
13b. MOTHER'S MAIDEN NAME: Elizabeth Porter
14. NAME OF HUSBAND OR WIFE: Howard R. Sands

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: 487-09-7937
17. INFORMANT'S SIGNATURE OR NAME: Mr. Howard R. Sands
ADDRESS: 3515 Cherry Street Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lungs — INTERVAL BETWEEN ONSET AND DEATH: 1949-1951

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of breast — 1947-1948
DUE TO (c) ——— — 17 DX

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Broncho-pneumonia — Sept 1950

19a. DATE OF OPERATION: 11-3-1948
19b. MAJOR FINDINGS OF OPERATION: Op. on breast - Carcinoma (mammary)
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 19, 1949, *to* Mar 29, 1951, *that I last saw the deceased alive on* Mar. 28, 1951, *and that death occurred at* 10:15 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Allen L. Hearst M.D. (Degree or title) MD
23b. ADDRESS: 1100 Professional Kan. City Mo
23c. DATE SIGNED: 3-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 31, 1951
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 3-31-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: O. N. Newcomer's Sons
ADDRESS: 1331 Brush Creek Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4453

P. O. Address [illegible]

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.