

FILED SEP 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 27204
3663

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

1. PLACE OF DEATH a. COUNTY JACKSON 4		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) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (In this place) 49 yrs		d. STREET ADDRESS (If rural, give location) 704 W. 17th. 3710	
d. FULL NAME OF HOSPITAL OR INSTITUTION DeLORA REST HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) SARAH	b. (Middle) JULIA	c. (Last) SPRINGER	4. DATE OF DEATH (Month) 8 (Day) 25 (Year) 1951
-------------------------------------	------------------	-------------------	--------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-21-1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
---------------	------------------------	--	-----------------------------	------------------------------------	------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Olathe, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	-------------------------------------

13a. FATHER'S NAME Unknown Kroll	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Thomas Springer
----------------------------------	-----------------------------------	---

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 ADDRESS Mr. Leo Markel (son) KC. 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mercuric poisoning</u>		INTERVAL BETWEEN ONSET AND DEATH 1 wk 59-X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic interstitial nephritis 5 yrs</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) V
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from 18 Aug, 1951, to 25 Aug, 1951, that I last saw the deceased alive on 24 Aug, 1951, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. Sheldon (Degree or title) M.D.	23b. ADDRESS 2501 Gillham Rd.	23c. DATE SIGNED 27 Aug 1951
--	-------------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/28/51	24c. NAME OF CEMETERY OR CREMATORY Mt. St. Marys	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
--	-------------------	--	--

DATE REC'D BY LOCAL REG. 8-27-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman & Son Inc
----------------------------------	--	--

(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 *James E. Hackleman*.....

Licensed Embalmer No. *4573*.....

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.