S. No. 300
V. 10-48

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

FILED OCT 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33705

BIRTH NO. _____ REG. DIST.-NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4337

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 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH HOSP.

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): 205 E 68 TERR.

1008
50 U

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

4. DATE OF DEATH (Month) (Day) (Year): 10 11 51

5. SEX: Fe. 1

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2

8. DATE OF BIRTH: 3-13-1887

9. AGE (In years last birthday): 64
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: HOME

11. BIRTHPLACE (State or foreign country): IOWA 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN McVAY

13b. MOTHER'S MAIDEN NAME: ANNA MARTO

14. NAME OF HUSBAND OR WIFE: JOSEPH L. McDERMOTT

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.: No

17. INFORMANT'S SIGNATURE OR NAME: MRS. ROBT. HENDERSON
ADDRESS: 205 E 68 Ter.

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) Brain Tumor (glioblastoma) — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal pneumonia — 1 wk

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Brain Tumor as above
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* Feb, 1951, *to* Oct 11, 1951, *that I last saw the deceased alive on* 4 Oct, 1951, *and that death occurred at* 6:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: F. A. Carmichael Jr (Degree or title): F. A. Carmichael Jr. M.D.
23b. ADDRESS: 411 Nichols Rd. KCMO.
23c. DATE SIGNED: 11 Oct 51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-13-51
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county): KANSAS CITY (State): MO

DATE REC'D BY LOCAL REG.: 10-11-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Mellody-McGilley-Eilar
ADDRESS: K.C.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. [illegible]

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.

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 33705-51
Local Registrar's No. 4337

On this 20th day of November, 1951, before me appears Mrs. Robert Henderson, who, upon her oath, states that the original record of ~~birth~~ death for Sadie A. McDermott, ~~born~~ died October 11, 1951, in the State of Missouri, and which was filed at K.C. Mo. on 10-11, 1951, should be corrected as follows:

Item No. 3 should read Sadie A. McDermott
Instead of Sadie A. McDermott

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Robert Henderson Niece
Relationship.

205 E 68 Terr. K.C. Mo.
Present Address.

Subscribed and sworn to before me this 20th day of November, 1951.

My Commission expires Oct. 21, 1955 Carine M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
0M—4-43
I X36667