

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33909**
4668
Registrar's No. _____

BIRTH MO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL, and give town) <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (in this place) <u>65 years</u> | | d. STREET ADDRESS (If rural, give location) <u>3020 YORK</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3020 YORK AVENUE</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ANN</u> c. (Last) <u>TOMLINSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29. 1951</u> | | |
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| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>August, 7, 1869</u> | | 9. AGE (In years last birthday) <u>82</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | |
|----------------------|--|-------------------------------|--|---|--|---|--|---|--|-----------------------------|--|-----------------------------|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (State or foreign country) <u>Mount Summit Indiana</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | |
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| 13a. FATHER'S NAME <u>William H CARPENTRY</u> | | 13b. MOTHER'S MAIDEN NAME <u>Katherine Williams</u> | | 14. NAME OF HUSBAND OR WIFE <u>CHARLE TOMLINSON</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Edith Houston</u> | | ADDRESS <u>Center View Mo</u> | |
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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. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u> | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>?</u> | | | | | |
| | | DUE TO (c) <u>Senility</u> | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>4201</u> | |

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| 19a. DATE OF OPERATION <u>✓</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u> | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>✓</u> | |
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22. I hereby certify that I attended the deceased from Feb. 1946, to Oct. 29, 1951, that I last saw the deceased alive on Oct. 29, 1951, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>V. W. Harned</u> (Degree or title) <u>DD</u> | | 23b. ADDRESS <u>404 W. Thurman Blvd</u> | | 23c. DATE SIGNED <u>10-30-51</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>OCT-30-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | |
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| DATE REC'D BY LOCAL REG. <u>11-1-51</u> | | REGISTRAR'S SIGNATURE <u>Sheradine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer</u> | | ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> | |
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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.....

John P. Sidman

Licensed Embalmer No.

4531

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.