

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8709**
Registrar's No. **105**

No. 300
10.48

FILED MAR 27 1952

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 4238	
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 (If outside corporate limits, write RURAL and give township) OR TOWN BUCKNER		c. LENGTH OF STAY (in this place) 6 MOS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		3068
d. FULL NAME OF HOSPITAL OR INSTITUTION BUCKNER			d. STREET ADDRESS (If rural, give location) 144 NORTH WHITE		
3. NAME OF DECEASED (Type or Print) a. (First) NOYACE		b. (Middle) BRADLEY	c. (Last) SPORTSMAN	4. DATE OF DEATH (Month) (Day) (Year) MAR. 7-1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 28-1896	9. AGE (In years last birthday) 75	10. MONTHS -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT CUTTER	10b. KIND OF BUSINESS OR INDUSTRY LIQUOR MKT. NO. 3		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Sportsman		13b. MOTHER'S MAIDEN NAME MARY		14. NAME OF HUSBAND OR WIFE JESSIE SPORTSMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-10-5923	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Sportsman		ADDRESS BUCKNER-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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Coronary Disease 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.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 1948 , to March 7, 1952 , that I last saw the deceased alive on March 7, 1952 , and that death occurred at 11:50 AM. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John J. Hendler P.O. Buckner, Mo.			23b. ADDRESS		23c. DATE SIGNED 3/7/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE MAR 10-1952	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS	24d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.	
DATE REC'D BY LOCAL REG. Mar. 10 1952		REGISTRAR'S SIGNATURE [Signature]	25. FURNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 354 ... C.H. Blackman & Son Inc. K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

2480

MAR 2 2 RECD

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Lawrence 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.