

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **24665**  
**2693**

**FILED AUG 4 1952** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2693**

**1. PLACE OF DEATH**  
 a. COUNTY **Jackson**  
 b. CITY (If outside corporate limits, write BUREAU and give township) **Kansas City**  
 c. LENGTH OF STAY (If applicable) **Unk.**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Indep. Ave. Nursing Home**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: last place before admission.)  
 a. STATE **Missouri** b. COUNTY **Jackson**  
 c. CITY (If outside corporate limits, write BUREAU and give township) **Kansas City**  
 d. STREET ADDRESS (If rural, give location) **1741 Indep. Ave., 3158**

**3. NAME OF DECEASED**  
 a. (First) **Elsie** b. (Middle) **Sheridan** c. (Last) **Sheridan** d. DATE OF DEATH (Month) (Day) (Year) **6-6-52**

**5. SEX** **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **Widowed** **8. DATE OF BIRTH** **11-23-1883** **9. AGE** (In years) **68** (If under 1 year: Months) (If under 12 mos.: Hours) (Min.)

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Pensioner** **10b. KIND OF BUSINESS OR INDUSTRY**  
**11. BIRTHPLACE** (City and state or foreign country) **Boston Mass.** **12. CITIZENSHIP OF WHAT COUNTRY** **U.S.**

**13a. FATHER'S NAME** **Unknown** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **William Sheridan**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** **No** (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **Unk.** **17. INFORMANT'S SIGNATURE OR NAME** **Jackson County Welfare** **ADDRESS**

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

**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.  
**331 X**

**19a. DATE OF OPERATION** **19b. MAJOR FINDINGS OF OPERATION** **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) **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 July 1951, to June 6, 1952, that I last saw the deceased alive on June 5, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.**

**23a. SIGNATURE** **Wm. W. Hart MD** (Degree or title) **23b. ADDRESS** **605 Brookhill Plaza, Northwest** **23c. DATE SIGNED** **6-24-52**

**24a. BURIAL, CREMATION, OR REMOVAL** (Specify) **24b. DATE** **6-10-52** **24c. NAME OF CEMETERY OR CREMATORY** **Western-Rental Co.** **24d. LOCATION** (City, town, or county) (State) **Kansas City Mo.**

**DATE REC'D BY LOCAL REG.** **6-13-52** **REGISTRAR'S SIGNATURE** **Geraldine Holmes** **25. FUNERAL DIRECTOR'S SIGNATURE** **W. C. Weirich: R.C.A. Mo.**

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 \_\_\_\_\_

*B. E. Weiler*

Licensed Embalmer No. *14075*

P. O. Address: \_\_\_\_\_

*R. C. S. No.*

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.