

MISSOURI STATE BOARD OF HEALTH

APR 23 1938

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9783
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1002
 (b) Township Kaw Primary Registration District No. _____ Registered No. _____
 (c) City Kansas City (d) Street No. 1812 E. 36th Street _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. 0 How long in U.S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1812 E. 36th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Sagehorn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 | 9 | 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Grain
 9. Industry or business in which work was done, as saw mill, bank, etc. mill man
 10. Date deceased last worked at this occupation (month and year) 1938
 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1938, to 3-18, 1938
 I last saw him alive on 3-15, 1938. Death is said to have occurred on the date stated above, at 7:20 AM
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
arteriosclerosis
 Date of onset 2/10/37
930
 Other contributory causes of importance: 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada
 FATHER 13. NAME Herman Sagehorn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mr. Louis Sagehorn
1812 E. 36th
 18. BURIAL, CREMATION, OR REMOVAL PLACE CONCORDIA, MO. DATE Mar 20, 1938
 19. FUNERAL DIRECTOR W. W. Newcome's Sons
 (ADDRESS) Brushsleek Passes
 20. FILED Mar 20, 1938 M. M. Crowes
 Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Karl U. O'Rourke, M. D.
 (Signed) _____ (Address) 1403 Bryant Bldg

WHITE PLAINLY, WITH OBTAINING...
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

10/10/10
M. 7010
State of Ohio

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Nell Carr
Licensed Embalmer No. 3976

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.)