DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1036

FEB 26 1940

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 21

**1. PLACE OF DEATH:**

(a) County Jackson, 2

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3634 Wayne,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community Unknown, 363
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri, (b) County Jackson,

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 3634 Wayne,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? x years.

3. (a) PRINT FULL NAME Mrs. Sarah M. Satterwhite,

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife W. J. Satterwhite,

6. (c) Age of husband or wife if alive x years

7. Birth date of deceased May (Month) 1, (Day) 1854 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 85 | 8 | 2 | hr. min. |

9. Birthplace Missouri, (City, town, or county) (State or foreign country)

10. Usual occupation at home, 0

11. Industry or business x 1

FATHER
12. Name Henry Rector,
13. Birthplace Kentucky, 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Rainey,
15. Birthplace Virginia, (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Jael Satterwhite,
(b) Address 3634 Wayne, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 1/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan. 3, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 3rd year 1940, hour 5:50 minute A. M.

21. I hereby certify that I attended the deceased from August, 1937, to January, 1940; that I last saw her alive on January 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Chronic myocarditis
with chronic parenchymatous
Due to nephritis.

Due to Senility.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 31

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Charles L. Curry (M. D. or other) DD
Address 609 Chambers Bldg Date signed 1-3-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

Dr. Chas. Curry
2 P. M. Chambers Bldg.

## 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1415

P. O. Address K. C. 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, above space should be left blank.**