

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2893

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3933 Troost Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 34 Yrs.
years, months or days)

8. (a) PRINT FULL NAME Mrs. Sarah E. Winship 521

8. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Justin R. Winship 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 3 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business At Home

12. Name J. M. Jones

18. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name M. Quisenberry

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Orval Winship

(b) Address 3933 Troost

17. (a) Burial (b) Date thereof July 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. F. Newcomer's son

(b) Address 1401 Brush Creek Blvd.

19. (a) July 18, 1940 (b) M. M. Craue
(Date received local registrar) (Registrar's signature)

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. 3933 Troost Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 9, 1940 to July 17, 1940
that I last saw her alive on July 17, 1940
and that death occurred on the date and hour stated above
Immediate cause of death: Myocardial degeneration

Due to Shock & Hemorrhage from
Due to shock
Cause unknown
Other conditions N.M.P.O.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Hugh A. DeSmet (M. D. or other) _____
Address 3031 Washington Blvd. Date signed July 17

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Hugh Lester
Westman Body

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 AC Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address AC 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.