No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37568

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4363

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: 428 s Oakly
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048
(a) State Mo (b) County Jackson 3
(c) City or town Kansas City Mo 8
(If outside city or town limits, write "RURAL")
(d) Street No. 428 So Oakly 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sarah ~~Ellen~~ Ellen English
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Fe
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William English
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 23 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
85	8	0	hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation House Work
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant William U English
(b) Address 428 So Oakly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 25 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington
18. (a) Signature of funeral director Rose & Henderson
(b) Address Kansas City MO
19. (a) 11-25-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1941 hour 2 minute P M.
21. I hereby certify that I attended the deceased from
, 1930, to Nov 20, 1941;
that I last saw her alive on Nov 20, 1941;
and that death occurred on the date and hour stated above. —

	Duration
Immediate cause of death Chronic Valvular Heart Disease	10 yrs
Due to 9 2	
Due to	
Other conditions Chronic Bronchitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 0
23. Signature R A Williams (M. D. or other) MD
Address 5400 St John Ave Kansas City Mo Date signed 11/24-41

(Licensed Embalmer's Statement on Reverse Side)

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 L. E. Henderson

Licensed Embalmer No. 3657

P. O. Address P. O. Box

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.