

FILED JAN 3 1944
Registration District No. 149

Primary Registration District No. 1002

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:
640 WEST 39TH STREET TERR.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 MONTHS (Specify whether
years, months or days)

3. (a) PRINT FULL NAME MRS. LOIS GEORGIA HODGES SANBORN

3. (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 MARRIED
6. (b) Name of husband or wife MR. COLIN C. SANBORN 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased JANUARY 29 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace SMITH COUNTY TENNESSEE
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM H. HODGES
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name MARY E. DODGE
15. Birthplace SMITH COUNTY TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant Colin C. Sanborn

(b) Address 1612 Pleasant, Highland Park, Ill.

17. (a) CREMATION (b) Date thereof 12-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMERS SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-18-43 (b) T.E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County LAKE
(c) City or town HIGHLAND PARK
(If outside city or town limits, write "RURAL")
(d) Street No. 1612 PLEASANT AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 15TH
year 1943 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from about 8-1-43
19____ to time of death, 19____;
that I last saw her alive on 12-15-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinomatosis
Due to Probably from ovary.
Due to YAW

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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) Where did injury occur? _____ (City or town) (County) (State)
(c) 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 F.H. Hodgson (M. D. or other) MD
Address 200. Plana Med Bldg. Date signed 12-17-43

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

Wagon Medical 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 Frank M. Colborn
Licensed Embalmer No. 3506
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, fact should be so stated above.