

FILED JUL 8 1944  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2671

1. PLACE OF DEATH: Jackson

(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: 1625 Benton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 26 years 1 (Specify whether years, months or days)

In this community: 26 years 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Sallie Amerson

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Fe 3

5. Color or race: Col

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

6. (b) Name of husband or wife: Calvin Amerson

6. (c) Age of husband or wife if alive: 14 years 1872 (Day) (Year)

7. Birth date of deceased: January 14 1872 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 8 If less than one day hr. min.

9. Birthplace: Crockett Texas (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

12. Name: Sam Powell

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Amy

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

16. (a) Informant: Ethel Jenkins

(b) Address: 1625 Benton

17. (a) burial (b) Date thereof: 6/26/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: Arthur Bras

(b) Address: 1729 Lydia

19. (a) 6-27-44 (b) P. E. Brown (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.: 1625 Benton  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1944 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from January 1 - 44 1944 to June 27 1944 and that death occurred on the date and hour stated above.

that I last saw her alive on 6-22-44

Immediate cause of death: Coronary Heart Disease 6 Mo.

Due to: arteriosclerosis (generalized) 2 yrs.

Due to: myocardial degeneration 1 yr.

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: no

Of autopsy: no 93 d

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): no

(b) Date of occurrence: no

(c) Where did injury occur?: no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?: no

While at work? no (Specify type of place) (e) Means of injury: 0

23. Signature: P. E. Brown (M. D. or other) Address: 1605 E 18th R. C. Mo. Date signed: 6-27-44

40158

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *J. Manlove* .....

Licensed Embalmer No. *3994* .....

P. O. Address. *2503 Higgins* .....

**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.**