

V. S. No. 2
FORM 8-43
Rev. 5-17-39
I 337823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33404

FILED OCT 24 1944

State File No. _____
Registrar's No. **3964**

Registration District No. 199

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:
4610 - BROADWAY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")
(d) Street No. 302 1/2 MAPLE AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. LAURA BELLE DANIEL SETTLE SADLER

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 WIDOWED
(b) Name of husband or wife MR. JOHN SADLER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APRIL 1 1890
(Month) (Day) (Year)

8. AGE: Years 74 Months 86 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name JOHN W. SETTLE

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

14. Maiden name MARY BANDY

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

16. (a) Informant MRS. DELLA MERRILL

(b) Address 4610 - BROADWAY

17. (a) BURIAL (b) Date thereof OCT-2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BERRYVILLE, ARKANSAS

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

(b) Address 1401 BRUSH CREEK BLDG

19. (a) 10-3-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 2ND
year 1944 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from Sept - 1 - 1944 to Oct - 2 - 1944
that I last saw her alive on Oct - 1 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Metastatic Carcinoma
Pulmonary involvement
Due to Carcinoma Colon
operated at State Cancer Hosp.
Due to Columbia Mo. July 3 - 1944
Colostomy was performed there

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations 462 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 _____
23. Signature Herbert Toothill (M. D. or Pharm.)
Address 1211 Rialto Bldg Date signed Oct 2 - 1944

760 (Licensed Embalmer's Statement on Reverse Side)

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

1211
3-5
MAY 11 1967
MAY 11 1967

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 Clarence H. H. H.

Licensed Embalmer No. 1767

P. O. Address J. C. H.

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.