

7. S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1945
19-7

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12133
Registrar's No. 1708

Registration District No. 19-7 Primary Registration District No. 1002

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

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 3 months years, months or days (Specify whether)

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. 1609 East 36th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah English
3. (b) If veteran, name war - no
3. (c) Social Security No. Stone

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 16th
year 1945 hour 7 minute 55 A. M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, or divorced widow
6. (b) Name of husband or wife Michael
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 16 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 15th 1945 to April 16 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction due to strangulated hernia

8. AGE: Years 72 Months 10 Days 0 If less than one day hr. min.

Due to _____
Due to _____

9. Birthplace Anita Iowa 1
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: See above

10. Usual occupation Housewife

Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Hugh Millholland
13. Birthplace Ireland 11
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Millholland
15. Birthplace Ireland 11
(City, town, or county) (State or foreign country)

16. (a) Informant L.P. English
(b) Address 1609 E. 36th St. K.C. Mo

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? _____

(c) Place: burial or cremation Stairing Mo

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Clark W Seely MD (M.D. or other)
Address Med. Supt. K.C. Gen. Hosp. 4-16-4

18. (a) Signature of funeral director Poland Tubal Home
(b) Address Cameron
19. (a) 4-16-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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.....



Licensed Embalmer No. 3960

P. O. Address. Maysville 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.