

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16113

State File No.

FILED JUN 11 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2355

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:  
317 Archibald  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 46 years  
years, months or days

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. 317 Archibald  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Sophia Webster

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, 2 divorced Widowed  
6. (b) Name of husband or wife Ruben 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 13th 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 17 If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mt. Vernon, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William J. Dailey  
13. Birthplace England (State or foreign country)  
14. Maiden name Sophia Bottomley  
15. Birthplace England (State or foreign country)

16. (a) Informant Adam Dailey

(b) Address Olathe, Kansas

17. (a) Burial (b) Date thereof June 1st, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 5-31-45 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30  
year 1945 hour 12:50 minute A. M.

21. I hereby certify that I attended the deceased from  
1941 to May 30 1945  
that I last saw her alive on May 29 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (Metastatic) Duration 6 mos  
Due to Primary Carcinoma uterus (cervix) 1 yr.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 480  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
Signature Herbert Trithill (M. D. or county)  
Address 1211 Rialto Bldg Date signed May 30-1945

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

**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

*Walter H. Erwin*

Licensed Embalmer No.

*4352*

P. O. Address

*Kansas City, 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.**