

No. 2
M-5-43
5-17-39
X36871

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

5858

State File No. _____

FILED MAR 11 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 837

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: MEMORAH. HOSPITAL. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 1/2 WEEKS
(Specify whether _____)

In this community 33 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. 2416 E 72nd ST
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) Mrs JENNIE
FULL NAME JENNIE BLANCHE SAWY

3. (b) If veteran, name war NO

3. (c) Social Security No. 1701VE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 17th
year 1946 hour 7 minute 00 P.M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife EUGENE

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased JUNE 28 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 7 to Feb 17 1946
that I last saw him alive on Feb 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years Months Days If less than one day

70 7 19 hr. min.

Pyelonephritis
bilateral blues

Due to _____

Due to _____

9. Birthplace WICHITA KANSAS
(City, town, or county) (State or foreign country)

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

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation AT HOME

11. Industry or business _____

12. Name CHARLES CASE

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

14. Maiden name MILDRED JULIA DEVERAUX
(City, town, or county) (State or foreign country)

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mildred Julia Dunlap

(b) Address 4808 OAK STREET

17. (a) BURIAL (b) Date thereof 2-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS

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? _____

18. (a) Signature of funeral director W. H. Newcomer, D.D.

(b) Address 1401 Brush Creek Blvd.

19. (a) 2-19-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature A. Morris (M. D. or other) MS

Address 470 Prof Date signed 2-14-46

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

MOTHER FATHER

Prof. Body

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 *Oscar H. H. H.*

Licensed Embalmer No. *1767*

P. O. Address: *Kansas City*

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. .