

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9694

FILED MAR 18 1946

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1122

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town In Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
no St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether

In this community 17 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson <sup>48</sup>

(c) City or town Kans s City <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 5712 Sadia <sup>8</sup>  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Lucille E. Sausley

3. (b) If veteran, name war no

3. (c) Social Security No. 492-26-7761

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1946 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from  
Jan 16 1946 to March 4 1946  
that I last saw her alive on 3-4-46  
and that death occurred on the date and hour stated above.

4. Sex Fem / 5. Color or race Wh

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

6. (b) Name of husband or wife NO

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

7. Birth date of deceased 3/26/1928  
(Month) (Day) (Year)

Immediate cause of death

Concurrent terminal  
bronchial pneumonia <sup>3 days</sup>

Due to Chronic myocarditis <sup>2 mos</sup>

Due to Chronic glomerular nephritis <sup>2 mo</sup>

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

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

17 11 9 . hr. min.

Duration

Physician

Underline the cause to which death should be charged statistically.

9. Birthplace Kansas City Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Saleslady

11. Industry or business Rothchilds

MOTHER FATHER

12. Name Melvin Sausley

13. Birthplace Gravois Mills, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Frye

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

16. (a) Informant Melvin Sausley

(b) Address 5712 Sadia

17. (a) Burial (b) Date thereof 3/6/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director John P. Sheil

(b) Address 6606 Indep. Ave., K. C., Mo.

19. (a) 3-6-46 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations none <sup>932</sup>

Of autopsy none

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature W. P. McHale (M. D. or other) M.D.  
Address 4620 Indep. Ave Date signed 3-5-46

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

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**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.....

*John P. Sheel*

Licensed Embalmer No. *3625*

P. O. Address. *K 6 40*

**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.**