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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30442

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4063

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~~: RESEARCH HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 3 WEEKS (Specify whether
In this community 34 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3257 LOCKRIDGE AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MRS. CARRIE M. SANBORN

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

6. (b) Name of husband or wife CHARLES FREEMONT SANBORN

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

7. Birth date of deceased FEBRUARY (Month) 28 (Day) 1862 (Year)

8. AGE: Years 84 Months 6 Days ~~27~~ 26 If less than one day hr. ____ min.

9. Birthplace MIDDLEBURY (City, town, or county) VERMONT (State or foreign country)

10. Usual occupation NONE

11. Industry or business AT HOME

FATHER
12. Name HENRY PIERSON
13. Birthplace (City, town, or county) CANADA (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace ESSEX COUNTY (City, town, or county) VERMONT (State or foreign country)

16. (a) Informant CHARLES F. SANBORN JR
(b) Address 3257 LOCKRIDGE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof SEPT 25 1946 (Month) (Day) (Year)
(c) Place: burial or cremation LINCOLN, NEBRASKA

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 24TH year 1946 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Bronchopneumonia

Due to Injury by Fall

Due to Fracture Hip

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1860 18

Of autopsy History & Inspection

Duration

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) Accident
(b) Date of occurrence 8/28/46
(c) Where did injury occur? Kansas City Mo 23
(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? No (e) Means of injury Trauma

23. Signature A. E. Usher (M. D. or other) MD
Address 2800 Main Date signed 9/24/46

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.