

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27930**
Registrar's No. **3608**

FILED SEP 2 1947
Registration District No. **49**

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:
4316 Oak Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 Years** (Specify whether years, months or days)

In this community **12 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MRS. CARRIE SALOMA SEARS**

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 **Millard F. Sears**

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

7. Birth date of deceased **April 6th, 1853**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	94	4	15	hr. min.

9. Birthplace **Richford Vermont**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER { 12. Name **Sherman Sears**

FATHER { 13. Birthplace **Richford Vermont**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Cook**

15. Birthplace **Richford Vermont**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Alida Sears**

(b) Address **4316 Oak Street**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **8 - 22 - 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Omaha, Nebraska**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd, St. Kansas City, Mo.**

19. (a) **8-22-47** (Date received local registrar) (b) **Sheraldine Holmes** (Registrar's signature)

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. **4316 Oak Street**
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **21**
year **1947** hour **12** minute **25 AM.**

21. I hereby certify that I attended the deceased from **FEB.**
1947 to **21 Aug 1947**
that I last saw **her** alive on **19 Aug 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, Bronchial** Duration 2 wks

Due to **Cerebral Hemorrhage** 4 Mo.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **NONE** 830

Of operations

Of autopsy **NONE**

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

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

23. Signature **Myron A. Meyer** (M. D.)
Address **618 1/2 E. 12th, Kansas City, Mo.** Date signed **21 Aug 47**

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 Willis H. Bennett

Licensed Embalmer No. 4438

P. O. Address H. 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.