S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31426

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4067

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: 1112 Benton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 28 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 1112 Benton (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Mary-Belle Sadler
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 Widow
6. (b) Name of husband or wife Gatewood M Sadler
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May 27-1866 (Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business .....
FATHER
12. Name Peter Mericle
13. Birthplace New York (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Tanter
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Roy M Sadler
(b) Address 1112 Benton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Indep. Mo.
18. (a) Signature of funeral director Miss C L Forster
(b) Address 918 - Brooklyn
19. (a) 9-25-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept - day 24 year 1947 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Sept. 17, 1947 to Sept. 24, 1947 that I last saw her alive on Sept. 24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	24 hrs
Due to: Cardiac inefficiency	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 46 f General carcinomatosis	

Major findings:
Of operations: Carcinoma of liver may 1947
Of autopsy: ✓

PHYSICIAN
Underline the cause of 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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature V. W. Harned (M. D. or other) DO
Address 401 Wirthman Bldg Date signed 9-25-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Ld. 1207
Wirthman Bldg.

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn 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.