. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1343

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 257

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 Turners Hyde Park Convalescent Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months (Specify whether

In this community 18 months years, months or days)

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. 7209 Madison Street (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Sarah Catherine Stivers

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 Elmer Stivers

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

7. Birth date of deceased September (Month) 10 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	4	6	hr. min.

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

10. Usual occupation none

11. Industry or business At Home

FATHER
12. Name Joshua J. Brown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Caledonia C. Chapman
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Dale McMahon
(b) Address 7209 Madison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 1-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 16 year 1948 hour 9 P minute 25 P. M.

21. I hereby certify that I attended the deceased from June, 1947, to Jan 16, 1948 that I last saw her alive on Jan 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Bronchial	2 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

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

(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 5

23. Signature J. J. Farnsworth (M. D. or other)

Address 1103 Grand Date signed 1/19/48

(Licensed Embalmer's Statement on Reverse Side) KC Mo

730 Prof. Bldg. 21-3434

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 Edward M. Storey

Licensed Embalmer No. 4452

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.