S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5093

Registrar's No. 723

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:
4515 East 20th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 75 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. 4515 East 20th Street 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Frances Jane SORRELS

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 married

6. (b) Name of husband or wife Marion R. Sorrels

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased January (Month) 24, (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	0	22	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Wm. E. Julian
13. Birthplace Nashville, (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mary Ann Moore
15. Birthplace Harrisonville, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. M. R. Sorrels
(b) Address 4515 E. 20th, K.C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Courtney, Missouri

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 2-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1945, 19, to 2-16, 1948
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac dilatation	
Due to Toxemia of Pneumonia	3 days
Due to Bronchial	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
Of autopsy	

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 2

23. Signature E. D. Reese (M. D. or other) DO
Address 3309 E 12 Date signed 2-17-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Reese
3309 E. 12th
Ch. 1247
office 1-4 3
Ch. 7117 home no.

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 Russell M Fiance

Licensed Embalmer No. 4285

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.