

FILED MAR 22 1949

STANDARD CERTIFICATE OF DEATH

8296  
State File No. 874

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>39 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>3937 FLORA AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>SARAH ALPHIA CALOHAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 23 1949</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>FEB. 6 1867</b>		9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (State or foreign country) <b>LIME, TEXAS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>J. C. GRAMMER</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIAM H. CALOHAN SR.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>BELLE CALOHAN 3937 FLORA AVENUE KANSAS CITY, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic Coma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes</b>			
		DUE TO (c) <b>Fracture hip Rt.</b>			<b>3da</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>2604</b>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) <b>SUICIDE HOMEIDE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>W.C. Mo. Jackson Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2 20 49 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fall on floor</b>	

22. I hereby certify that I attended the deceased from **2/20**, 19**49** to **2/23**, 19**49** that I last saw the deceased alive on **2/22**, 19**49** and that death occurred at **8:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James R. McVay</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>814 Patton Bldg</b>		23c. DATE SIGNED <b>2/24/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 26 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEMETERY</b>	
				24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI.</b>	

DATE REC'D BY LOCAL REG. <b>2-25-49</b>		REGISTRAR'S SIGNATURE <b>Staldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>D.W. Newcomer's Sons 1401 DROSH CREEK RD. KANSAS CITY, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Edward M. Storey*

Licensed Embalmer No. 4452

P. O. Address K. C. 14 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.