

S. No. 300
V. 10.48

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30709

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>4239</u>		Registrar's No. <u>151</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lee's Summit</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lee's Summit</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept, 3 1949</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>511 So. Green Street</u>				d. STREET ADDRESS (If rural, give location) <u>511 So. Green Street,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sara</u>			b. (Middle) <u>Elizabeth</u>			c. (Last) <u>Church</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 1 1879</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Harrisburg Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Demmy</u>			13b. MOTHER'S MAIDEN NAME <u>Louise</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Margaret Parry Lee's Summit Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ce of right breast</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u> <u>170X</u>	
19a. DATE OF OPERATION <u>1-27-44</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ce of right breast</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-3</u> , 19 <u>44</u> , to <u>9-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-2</u> , 19 <u>49</u> , and that death occurred at <u>12:15 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Describe or title) <u>[Signature]</u>				23b. ADDRESS <u>Summit Mo</u>		23c. DATE SIGNED <u>9-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept 6 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dresden</u>		24d. LOCATION (City, town, or county) (State) <u>Dresden Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>SEPT. 6, 1949</u>		REGISTRAR'S SIGNATURE <u>Ronald C. Earnshaw</u>		378 <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Lee's Summit Mo.</u>	

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

SEP 13 RECD

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.

Signed W. B. Langford

Signed _____

Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.