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FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34060

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 315

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Independence Sanitarium U

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
d. STREET ADDRESS (If rural, give location): 524 Ridgway U

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): Jackson
c. (Last): Race

4. DATE OF DEATH (Month) (Day) (Year): Oct. 13, 1949

5. SEX: male O
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 1, 1877
9. AGE (In years last birthday): 72 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: general
11. BIRTHPLACE (State or foreign country): Jackson County, Mo. O
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Albert L. Race
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Anna T. Race, Indep. Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Anna T. Race, Independence, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure, Acute — INTERVAL BETWEEN ONSET AND DEATH: 7hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Pulmonary — 4yrs.
DUE TO (c) Fibrosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 525X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Pathologist
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 9:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Elpsher MD
23b. ADDRESS: 2800 Main
23c. DATE SIGNED: 10/13/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-17-49
24c. NAME OF CEMETERY OR CREMATORY: Salem
24d. LOCATION (City, town, or county) (State): Jackson County, Mo

DATE REC'D BY LOCAL REG.: Oct. 16-1949
REGISTRAR'S SIGNATURE: James R. Craig 354
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Geo. C. Carson, Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 5 REC'D

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 John M. Heiman

Licensed Embalmer No. 4704

P. O. Address Independence 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.