

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13249

State File No. ....

1831

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
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 OR <u>Kansas City</u> )				c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u>			
c. LENGTH OF <u>About 30 yrs</u>				d. STREET ADDRESS (If rural, give location) <u>1817 E. 16th. St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1329 Kensington</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 7, 1950</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Pink</u>		b. (Middle) <u>Sessions</u>		c. (Last) <u>Sessions</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown (about 80 yrs)</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Upsher Co., Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Henrietta Sessions</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clark Mitchell - 2012 Park</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		ANTECEDENT CAUSES (b) <u>Diabetes</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.						<u>445K</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>History from Ken Hoop #2</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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Deputy or title) <u>Thos. A. Jones</u>				23b. ADDRESS <u>1617 E. 12th</u>		23c. DATE SIGNED <u>3/22/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4/19/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kansas City College of Osteopathy Bur - Kansas City, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>4-19-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Sterling Bell 1212 Univ</u>			

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

4004 47 10 201 0001

**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

*E. Sterling Bills*

Licensed Embalmer No.

*3178*

P. O. Address

*1212 Vine K.C.*

**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.