

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41744

State File No. _____

FILED JAN 14 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5658

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| 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 township) <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>3 1/2 yrs - 5 mos</u> | c. CITY OR TOWN <u>KANSAS CITY</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City Tuberculosis Hosp</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>2634 BENTON</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>M.</u> c. (Last) <u>SOJOURNER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 22 - '56</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>NEGRO</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>8-16-1867</u> | 9. AGE (In years last birthday) <u>89</u> | if UNDER 1 YEAR Months _____ Days _____ | if UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer self.</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Shreveport, La.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Alfred Sojourner</u> | 13b. MOTHER'S MAIDEN NAME _____ | 14. NAME OF HUSBAND OR WIFE <u>Josephine Sojourner</u> |
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| 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 <u>Josephine Sojourner</u> | ADDRESS <u>2634 Benton</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>PULMONARY TUBERCULOSIS</u> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, 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. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>102X</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 7-22, 1953, to 12-22, 1956, that I last saw the deceased alive on 12-22, 1956, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Edward P. Altomare M.D.</u> | 23b. ADDRESS <u>Kansas City Tuberculosis Hosp.</u> | 23c. DATE SIGNED |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-3-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-28-56</u> | REGISTRAR'S SIGNATURE <u>Neval Minshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Steing Hills</u> | ADDRESS <u>1212 Wm</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
EDWARD P. ALTOMARE

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.....
Signature of Student Embalmer

Signed *E. Sterling Bell*

Licensed Embalmer No. 3178

P. O. Address *1212 Vine
Kansas City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.