MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36748

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City Kansas City (No. 3802 Askew St. 459 Ward)

2. FULL NAME John F. Saddler
(a) Residence. No. 3802 Askew St., 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret M Saddler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17 1870

7. AGE: Years 57 | Months 5 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpender
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

PARENTS
10. NAME OF FATHER Wm F. Saddler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Susan C Hale
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT Margaret M. Saddler
(Address) 3802 Askew

15. FILED 12/1, 1927 M M Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1st 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1927, to Nov 30, 1927 that I last saw him alive on Nov 30, 1927, and that death occurred, on the date stated above, at 3.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Arthritis
21B
156A (duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) Acute Endo Carditis
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED? 8 IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
12/1 (Signed) James O Rice, M.D.
1927 (Address) 408 Wirthmann Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Joplin Mo
DATE OF BURIAL: 12/3 1927

20. UNDERTAKER: Mrs C. L. Foster
ADDRESS: Cette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...ING INK—THIS IS A PERMANENT RECORD

409 Wertzman
Odd
3102 Troost