

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

Do not use this space.

**26466**

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kanawha Primary Registration District No. 1002  
 City Kansas City (No. 2001) Montgull St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME James D. Saunders  
 (a) Residence, No. 2001 Montgull Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Saunders  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 1852  
 7. AGE YEARS 81 MONTHS 3 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va  
 MOTHER / FATHER  
 13. NAME John J. Saunders  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va  
 15. MAIDEN NAME Nancy Webster  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va  
 17. INFORMANT Louise Saunders  
 (ADDRESS) 2909 1/2 main Kansas city Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rearney Mo DATE Aug 10 1933  
 19. UNDERTAKER C. W. Hesse  
 (ADDRESS) Rearney Mo  
 20. FILED Aug 9 1933 M. M. Crowe  
 (Address) \_\_\_\_\_  
 (Signature) \_\_\_\_\_  
 (Title) Regist. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8<sup>th</sup> 1933  
 22. I HEREBY CERTIFY, That I attended deceased from July 15<sup>th</sup> 1933, to Aug 8<sup>th</sup> 1933  
 I last saw him alive on Aug 4, 1933. Death is said to have occurred on the date stated above, at 4:10 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Embolism of the coronary arteries of the heart  
 Date of onset any sudden  
 Other contributory causes of importance:  
arteriosclerosis & senility  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? biopsy Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Herman S. Major, M. D.  
 (Address) 3100 Euclid ave Kansas City, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 26 1933

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