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13-40
7-39
X23159

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3013 Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Years
(Specify whether years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3013 Monroe
(If rural, give location)
(e) If foreign born, how long in U. S. A. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th
year 1940 hour 6 minute 45 A. M.
21. I hereby certify that I attended the deceased from

3. (a) PRINT FULL NAME Oliver R. Saunders

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased October 21, 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 0 3 hr. min.

9. Birthplace Greenville Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name William Saunders

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Riley

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Allee

(b) Address 3013 Monroe

17. (a) Burial (b) Date thereof 11-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) (Date received local registrar) (b) M. M. Brown
(Registrar's signature)

Immediate cause of death
Due to Chronic infectious arthritis
Due to 59 W
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Specify means of injury)
23. Signature John W. Wagner (M. D. or other)
Address K.C. Mo Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.

..... working under my personal supervision.

Signed

A. R. Haunschild

Licensed Embalmer No.

4159

P. O. Address.....

K. C. 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.