

FILED JUL 7 1941

1941

Registration District No. 399

Primary Registration District No. 1002

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:  
Brookside Hotel-54th & Brookside Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: ---  
In this community: 60 Years  
(Specify whether years, months or days)

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. Brookside Hotel-54th & Brookside  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd  
year 1941 hour 1 minute 30 A. M.  
21. I hereby certify that I attended the deceased from 9 years  
1932 to 6-2-1941  
that I last saw him alive on 6-2-1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocardial Infarction  
with broncho or lobar

Duration

3 days

Due to Myocardial infarction  
Due to 9 yrs of cerebral thrombosis  
Other conditions none  
(Include pregnancy within 3 months of death)  
Major findings: ---  
Of operations: ---  
Of autopsy: ---

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mr. William A. Satterlee

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Mrs. Eva Satterlee 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased: February 7 1856  
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Birmingham Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary & Treasurer-Retired

11. Industry or business Satterlee & Blue Elect. Co.

12. Name William Satterlee

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

14. Maiden name Unknown

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

16. (a) Informant W. S. Satterlee  
(b) Address City

17. (a) Burial (b) Date thereof 6/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. N. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 6/2/41 (b) M. H. Crow  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury ---  
23. Signature E. M. Weidman (M. D. or other) ---  
Address 1405 Waldheim Date signed 6-3-41

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

4-1

**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 *Ernie W. Calhoun*

Licensed Embalmer No. *3506*

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.**

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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20624

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 2154

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:  
Brookside Hotel  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Mr. William A. Satterlee

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 85 Months Days If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

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

2. USUAL RESIDENCE OF DECEASED:

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

DECLARATION OF DEATH

20. DATE OF DEATH: Month June day 3rd year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19..... that I last saw him..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypostatic Pneumonia. due to filling of lung with a mucus, due to Nephritis, Acute following a nephritis of about 2 weeks. Due to 9 yrs. ago cerebral hemorrhage  
Other conditions..... (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

