No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1942

Registration District No. 299

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5605

Registrar's No. 621

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community

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") 0
(d) Street No. 1028 Cherry St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM SAGER

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 11 (Day) 1863 (Year)

8. AGE: Years 78 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name unknown
13. Birthplace (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Record Clerk
(b) Address K.C. Gen Hospt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph Mo

18. (a) Signature of funeral director Metropolitan Home
(b) Address St. Joseph Mo

19. (a) 2/12/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th year 1942 hour 6 minute 30 A.M. M.

21. I hereby certify that I attended the deceased from 2-5-42, 19..., to 2-12-42, 19...; that I last saw him alive on 2-12-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of gastro-intestinal tract — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Henry R Thorn (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed 2-12-42

(Licensed Embalmer's Statement on Reverse Side)

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 Harry E. Jolley

Licensed Embalmer No. 4078

P. O. Address St C. Kansa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.