

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:
3700 Pennsylvania Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 40 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. 3700 Pennsylvania Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME Mrs. Etta Royse Sanders
 3. (b) If veteran, name war: None
 3. (c) Social Security No. 495-036548

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 14
 year 1942 hour 10 minute 10 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mrs James Sanders
 6. (c) Age of husband or wife if alive: --- years
 7. Birth date of deceased: June 30 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/14/42 to 19;
 that I last saw him live on 19;
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Myocardial infarction

8. AGE: Years 61 Months 10 Days 14
 If less than one day: --- hr. --- min.

Duration
Myocardial infarction
rupture of the aorta 96
 Other conditions: (Include pregnancy within 3 months of death)
 Major findings:
 Of operations:

9. Birthplace Kahoka Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Waitress
 11. Industry or business Southland Hotel, 3517 Main St.

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Of autopsy:

MOTHER FATHER

12. Name Henry Royse
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Eary Gilbert
 15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Royse White
 (b) Address 3700 Penn.
 17. (a) Burial (b) Date thereof May 17, 1942
(Burial, cremation, or general) (Month) (Day) (Year)
 (c) Place: burial of Edith Kincaid, Kansas
 18. (a) Signature of funeral director D. H. Newcomer
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 5-16-42 (b) M. M. Crowe
(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)

23. Signature M. M. Crowe (M. D. or other) 3
 Address K. C. Mo. Date signed

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

MC

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 Emile M. Colborn

Licensed Embalmer No. 3506

P. O. Address KC 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.