

FILED DEC 29 1942
746

Registration District No.

Primary Registration District No. 3026

Registrar's No. 298

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1106 W Lexington 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 50 years
years, months or days

3. (a) PRINT FULL NAME James Thomas Sankard

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

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

6. (b) Name of husband or wife Frances Sankard 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 1851
(Month) (Day) (Year)

8. AGE: Years 91 Months 5 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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 Alma J Sankard

(b) Address Independence, Mo

17. (a) Burial (b) Date thereof Nov 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Grove

18. (a) Signature of funeral director Cato & Sparks

(b) Address Independence, Mo

19. (a) Nov. 18 - 42 (b) James W. Ross
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 1106 W Lexington
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16
year 42 hour 10:30 minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
Coroner

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 938

Of autopsy myocardial infarction

Duration _____

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? _____

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

23. Signature J. Sankard Date signed 3/11/46

Address Law

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.....

Licensed Embalmer, No.....

P. O. Address.....

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.