S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5466

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 963

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: 5133 Indiana Avenue /
(If not in hospital or institution, write street number or location)

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

In this community: 37 Years
(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. 5133 Indiana Avenue
(If rural, give location)

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

If yes, name country: ---

3. (a) PRINT FULL NAME: Mr. Albert D. 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: Widowed

6. (b) Name of husband or wife: Mrs. Fannie Saunders

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

7. Birth date of deceased: April (Month) 11 (Day) 1855 (Year)

8. AGE: Years 87 Months 10 Days 11 If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Wisconsin / (State or foreign country)

10. Usual occupation: Employee - Retired

11. Industry or business: K. C. Terminal R. R.

FATHER
12. Name: Azen V. Saunders
13. Birthplace: Unknown (City, town, or county) Wisconsin / (State or foreign country)

MOTHER
14. Maiden name: Paulina King
15. Birthplace: Wisconsin / (City, town, or county) (State or foreign country)

16. (a) Informant: Arthur J. Young
(b) Address: 5133 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 24, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington Cemetery

18. (a) Signature of funeral director: O. H. Newcomer-Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 2-24-43 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd year 1943 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw him alive on 2-22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral Hypostatic Pneumonia	1 day
Due to: Myocarditis	4 years
Due to: Generalized Arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death): 93 E	
Major findings: Of operations	
Of autopsy	

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: Lee C. McHale (M. D. or other)

Address: 4620 Indep. Ave. Date signed: 2-23-43

(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: C Hervey Rosenberry

Licensed Embalmer No. 4070

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.