

FILED SEP 28 1943

Registration District No. **149**

Primary Registration District No. **100 2**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Home /**  
(If not in hospital or institution, write street number and location) **Home**  
(d) Length of stay: In hospital or institution (Specify whether) **Home**  
In this community **19 Years**  
years, months or days

3. (a) PRINT FULL NAME **Virginia Irene Sanders**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **488-22-391**

4. Sex **FE** 5. Color or race **Wh** 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 **June 9th 1924**  
(Month) (Day) (Year)

8. AGE: Years **19** Months **3** Days **3** If less than one day hr. min.

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)  
**Firestone Rubber Co**

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **John H. Sanders**  
13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Irene Kinker**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John H. Sanders**  
(b) Address **3202 East 31st Street**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-15th-1943**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Mt Washington Cem**

18. (a) Signature of funeral director **Eylar Funeral Home**  
(b) Address **1800 Linwood Blvd**

19. (a) **9-14-43** (Data received local registrar) (b) **J.E. Brown, Dep** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3202 East 31st Street**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **13**  
year **43** hour **9:15** minute **PM** M.

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

Immediate cause of death **Thrombolytic embolism Status Epilepticus - Apnoeic**  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions **64**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **Infectious lesion**

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.E. Brown** (M.D. or other) **3/13/43**  
Address \_\_\_\_\_ Date \_\_\_\_\_

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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 Chas. W. Fields  
Licensed Embalmer No. 2644  
P. O. Address 1800 Pinewood

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.