

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LEU DEC 22 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5140

1. PLACE OF DEATH:

(a) County JACONSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5515 EAST 30TH STREET TERRACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 30 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACONSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5515 EAST 30TH STREET TERRACE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. CATHERINE SAUER

3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife MR. GEORGE P. SAUER
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 12 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business _____

MOTHER FATHER
12. Name FRED WALTERS
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET WALTERS
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Amelia Sauer
(b) Address 708 E. 26th

17. (a) BURIAL (Burial, cremation, or removal)
(b) Date thereof DEC-6-1943
(Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. A. Newcomer's Son
(b) Address 1401 BRUSH GREEN BLDG.

19. (a) 12-6-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 2nd year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from December 1, 1943 to December 2, 1943
that I last saw her alive on December 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to a/n

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

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?

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

23. Signature Calming Beard
Address 2307 Bryant Bldg. Date signed Dec 5

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

2387
10:30. 5:30
Dugan's Body

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 EM Colburn

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.