

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 23 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3298

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 days
(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. 5620 Forest
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEROLD SANDERS

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

4. Sex Ma 5. Color or race Wh 6. (a) Single, widowed, married, divorced 0 Sgl

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased August (Month) (Day) (Year) 8 1944

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)

10. Usual occupation XXXX

11. Industry or business

12. Name Lt. Norman H. Sanders

13. Birthplace Denver (City, town, or county) Colorado (State or foreign country)

14. Maiden name Elizabeth Jane Laughlin

15. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Kathleen M. Laughlin

(b) Address 5620 Forest

17. (a) Removal (b) Date thereof 8-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 8-10-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Birth Aug 8, 1944, to Aug 10, 1944 that I last saw him alive on August 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema and Congestion
Due to Aspiration of Embolic fluid
Due to

Other conditions Fatty liver, 160 C
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Pulmonary Congestion Edema Fatty liver

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) (c) Means of injury

23. Signature Clark W. Seely (M. D. or other) MD
Address 1107 Bryant Bldg Date signed 8/10/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8
3
8

APR 25 1964

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..... *Cecil R. Matthes*

Licensed Embalmer No. *3807*

P. O. Address *Kansas City, 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.