

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 120517
Registrar's No. 1486

FILED APR 23 1945
Registration District No. 177

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(a) County Kansas City

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

(c) Name of hospital or institution: 5331 Highland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 mo!
(Specify whether years, months or days)

In this community 14 Years.

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. 5331 Highland
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Sanders

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. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 7 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1945 hour 5: minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 22 1945, to March 29, 1945
that I last saw him alive on March 29, 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Coronary Occlusion Duration 10 hours

Due to Hypertensive Heart Disease 17 years

Due to Arteriosclerosis 15 years

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

9. Birthplace Unknown Holland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Packer

PHYSICIAN _____

Major findings: 93-2

Of operations _____

Of autopsy No

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Theodore Sanders

13. Birthplace Unknown Holland
(City, town, or county) (State or foreign country)

14. Maiden name Aldigore Musken

15. Birthplace Unknown Holland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beatha Masters

(b) Address 1302 North 28 St. B. C. Mans

17. (a) Removal (b) Date thereof Apr. 3, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Kansas City

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 John T. Skinner (M.D. or other) M.D.
Address 1110 1/2 Grand Ave Date signed 4/1/45

18. (a) Signature of funeral director Wm. R. Robin Co.

(b) Address 20 West Lincoln

19. (a) 4-2-45 (b) Holmes
(Date received local registrar) (Registrar's signature)

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. M. Zurb*.....

Licensed Embalmer No..... *3774*.....

P. O. Address' *20 W. Pinwood*.....

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.