

No. 2  
M-5-43  
5-17-39  
I X36671

**FILED JUL 2 1946**

Registration District No. **149**

Primary Registration District No. **1002**

**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: **General Hospital No. 2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **14 days**  
(Specify whether)

In this community **18 Years**  
years, months or days

**3. (a) PRINT FULL NAME** **Charley Saunders**

**3. (b) If veteran,** name war **No**

**3. (c) Social Security** No. **496-07-8219**

**4. Sex** **Male** **2** **5. Color or race** **Negro**

**6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** **Clara Sanders** **6. (c) Age of husband or wife if alive** **unk** years

**7. Birth date of deceased** **March 28, 1894**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
52	2	14	hr. min.

**9. Birthplace** **Little Rock Arkansas**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Laborer**

**11. Name** **Andrew Wesley Sanders**

**12. Birthplace** **Mississippi**  
(City, town, or county) (State or foreign country)

**13. Maiden name** **Chaney Green**

**14. Birthplace** **unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Medical Records Librarian**

**Address** **General Hospital No. 2**

**(b) Date thereof** **6-29-46**  
(Month) (Day) (Year)

**Place: burial or cremation** **burial**

**Signature of funeral director** **Walter H. ...**

**Address** **1729 Lydia**

**19. (a) 6-30-46** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1523 Woodland** **8**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **12,** year **1946** hour **5:** minute **25 P.** M.

**21. I hereby certify that I attended the deceased from** **May 29,** 19 **46** to **June 12,** 19 **46;**

that I last saw him alive on **June 12,** 19 **46;**

and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Left Lung**

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **47 d**  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **(Same as above)**

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? \_\_\_\_\_

**23. Signature** **Frank ...** (M. D. or other) **0**

**Address** **General Hospital No. 2** **Date signed** **6/13/46**

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

MOTHER FATHER  
By, Aff. **Hallie ...**  
Care of, **1946**

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 *Jerome Mandove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of Jackson } ss.

State File No. 912495  
Local Registrar's No. 2757

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 6<sup>th</sup> day of November, 1946, before me appears Jesse Lee Sanders, who, upon his oath, states that the original record of ~~birth~~ death for Charley Saunders ~~born~~ June 12, 1946, in the State of Missouri, and which was filed at K.C. on 6-20, 1946, should be corrected as follows:

Item No. 3 should read Charley Sanders

Instead of " Saunders

Item No. 6 should read Clara Sanders

Instead of " Saunders

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Jesse Lee Sanders son  
Relationship.

1508 E 14<sup>th</sup> Street  
Present Address.

Subscribed and sworn to before me this 6<sup>th</sup> day of November, 1946.

My Commission expires Oct. 20, 1947 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

20495