

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1315  
Registrar's No. 185

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: K.C. GENERAL HOSPITAL No. 1-D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 MINUTES  
In this community 38 YEARS (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. 7445 LYDIA AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. WILLIAM WARD SAYERS

3. (b) If veteran, name war WORLD WAR II 3. (c) Social Security No. 499-14-2176

4. Sex MALE 5. Color or race WHITE 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 SEPTEMBER 9 - 1908  
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation CAPTAIN

11. Industry or business FIRE DEPARTMENT

12. Name JOHN F. SAYERS, JR.

13. Birthplace WASHINGTON D.C.  
(City, town, or county) (State or foreign country)

14. Maiden name NELLIE SNYDER

15. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS LESTER ROPER

(b) Address 7445 LYDIA AVENUE

17. (a) BURIAL (b) Date thereof JAN-14-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. H. Newcomer, Sr.

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 1-14-47 (b) Meraldine Holme  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 12<sup>TH</sup>  
year 1947 hour 7 minute 40 A. M.

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

Immediate cause of death Deputy Coroner  
Subdural Hematoma Duration \_\_\_\_\_

Due to cause unknown - pending  
(n.m.o.)

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations g36

Of autopsy see above

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) (c) Means of injury D

23. Signature A. E. Hooper (M. D. or other) M. D.

Address 2800 main Date signed 1-12-47

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

MOTHER FATHER

MAR 3 1947

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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 Ernie M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address K. C. 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.**