

FILED JUN 23 1947  
City Office of Vital Statistics

Registrar's No. **2563**

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: **2411 Olive**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... **20 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... **2411 Olive Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

**Lillian Sands**

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

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **8** year **1947** hour **6** minute **25 P. M.**

21. I hereby certify that I attended the deceased from **19** that I **deputy - Coroner** and that death occurred on the date and hour stated above.

4. Sex... **Female** 5. Color or race... **Negro** 6. (a) Single, widowed, married, divorced... **Single**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive... years

Immediate cause of death

**Cardiac Failure - Hypertensive Heart Disease**

7. Birth date of deceased... **May 22, 1897**  
(Month) (Day) (Year)

Due to.....  
Due to.....

8. AGE: Years Months Days If less than one day  
**50 0 16** hr. min.

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

9. Birthplace... **Muskogee, Oklahoma**  
(City, town, or county) (State or foreign country)

10. Usual occupation... **Teacher**

Major findings: Of operations.....

Of autopsy... **no - Permit**

11. Industry or business.....

12. Name... **William Sands**

13. Birthplace... **Muskogee, Oklahoma**  
(City, town, or county) (State or foreign country)

14. Maiden name... **Hattie Harper**

15. Birthplace... **Muskogee, Oklahoma**  
(City, town, or county) (State or foreign country)

16. (a) Informant... **Helen Sands**

(b) Address... **2411 Olive Avenue**

17. (a) **Burial** (b) Date thereof... **6/13/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Highland Cemetery**

18. (a) Signature of funeral director... **Walter Bond**

(b) Address... **1729 Lydia**

19. (a) **6-12-47** (b) **Heraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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?.....  
(Specify type of place)

While at work?..... (e) Means of injury... **deputy - Coroner**

23. Signature... **Arnellianus** (M. D. or other).....

Address... **2636 - Brookline** Date signed.....

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

MOTHER FATHER

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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

*Jerome M. Moore*  
.....  
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.