No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34562

Registrar's No. 4560

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: 3618 Truxy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3618 Truxy 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Wanders
3. (b) If veteran, name war: no
3. (c) Social Security No. 496-09-9939
4. Sex: M 5. Color or race: Col
6. (a) Single, widowed, married, divorced: Mar.
6. (b) Name of husband or wife: Helen Wanders
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: Dec. (Month) 26 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
58	10	4	hr. min.

9. Birthplace: Nortonville Ky. (City, town, or county) (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business:
MOTHER FATHER
12. Name: James Wanders
13. Birthplace: Ky. (City, town or county) (State or foreign country)
14. Maiden name: Mahaley Clemons
15. Birthplace: Ky. (City, town, or county) (State or foreign country)
16. (a) Informant: Helen Wanders
(b) Address: 3618 Truxy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-8-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Ridge
18. (a) Signature of funeral director: Adkins Bros.
(b) Address: 2000 E. 12th K.C. Mo
19. (a) 10-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30 year 1947 hour 1 minute 55 P.M.
21. I hereby certify that I attended the deceased from Mar. 26, 1947 to Oct. 24, 1947 that I last saw him alive on Oct. 24, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration

Due to:

Due to:

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

Major findings:
Of operations: 9 3/12
Of autopsy:

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury:

23. Signature: L. P. Richardson (M.D. or other)
Address: 1801 Vine Date signed: 10-31-47.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.