No. 2
-1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1308

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 112

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: 1518 Lydia Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") ?
(d) Street No.: 1518 Lydia Avenue (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 5
If yes, name country

3. (a) PRINT FULL NAME: LILER SANDERS
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: col
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: A. G. Sanders
6. (c) Age of husband or wife if alive: 31 years
7. Birth date of deceased: May (Month) 6 (Day) 1916 (Year)

8. AGE: Years 31 | Months 8 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace: Texas (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: James Robinson
13. Birthplace: Texas (City, town, or county) (State or foreign country)
14. Maiden name: Miller
15. Birthplace: Texas (City, town, or county) (State or foreign country)
16. (a) Informant: A. G. Sanders
(b) Address: 1518 Lydia Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Waco Tex
18. (a) Signature of funeral director: H. B. Moore
(b) Address: 1820 E. 18 St.
19. (a) 1-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5 year 1948 hour 3 minute 20 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.

Duration

Immediate cause of death: Cardiac Failure
Due to: Coronary Occlusion
Due to: Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death): 94.0
Major findings: Of operations:
Of autopsy: Same as above

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: [illegible] (M. D. or other)
Address: 2636 Brooklyn Date signed: 1-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 st

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.