U. S. No. 300
50M—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5061

FILED MAR 13 1948

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 852

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: 1121 EAST 45TH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
In this community 63 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. 1121 EAST 45TH STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME MRS. LAURA BELL SANDERS
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. FRANK J. SANDERS
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased OCTOBER 20 1859 (Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 3 If less than one day ___ hr. ___ min.

9. Birthplace XENIA (City, town, or county) OHIO (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business --
FATHER
12. Name JOHN LUTZ
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name SAVILLA WOLFORD
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Ray J. Sanders
(b) Address 1121 E 45th St
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof FEB 24 1948 (Month) (Day) (Year)
(c) Place: burial or cremation XENIA OHIO
18. (a) Signature of funeral director O. N. Neuweomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 2-24-48 (Date received by local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 23 RD year 1948 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from Feb 21 48, to Feb 23 1948, that I last saw her alive on Feb 23 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial failure — years
Tumor left kidney — months
Due to (probably malignant)
Due to
Other conditions
(Include pregnancy within 3 months of death) 52a
Major findings:
Of operations
Of autopsy

Duration

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) (e) Means of injury
23. Signature H. Crumpe (M. D. or other)
Address 101 Ridge Date signed 2/23/48

(Licensed Embalmer's Statement on Reverse Side)

1114 Argyle Bldg
2-5

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 Jesse T. Deuos

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.