

No. 300
1-10-47
5-17-39
I 3906

FILED MAR 23 1948, 49
Registration District No. _____

Primary Registration District No. 1002

State File No. _____
Registrar's No. 1126

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

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: 5001 INDIANA AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 YEARS (years, months or days)

3. (a) PRINT FULL NAME FLOYD F. SINCLAIR
3. (b) If veteran name war No
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS. ADDIE KRAMER SINCLAIR
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JANUARY 5 1868 (Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 4 If less than one day hr. min.

9. Birthplace NEAR HILLSBORD OHIO (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED CARPENTER

11. Industry or business AND TRUCK FARMER

12. Name TENNER J. SINCLAIR
13. Birthplace HILLSBORD OHIO (City, town, or county) (State or foreign country)
14. Maiden name MARGARET UNKNOWN
15. Birthplace HILLSBORD OHIO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evald Tammond
(b) Address 2 So. Newberry, Emporia, Kas.

17. (a) BURIAL (b) Date thereof MARCH 12 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director: O. H. Newsome's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 3-12-48 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No. 5001 INDIANA AVENUE (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9TH year 1948 hour 6 minute P. 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 Coronary Sclerosis
Due to _____
Due to _____
Other conditions Deputy Coroner (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy History 93d
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) (Means of injury)
23. Signature O. E. Ascher (M. D. or other) MA
Address 2800 / Main Day _____

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..... *Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address. *Kansas City, 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.