No. 300
M—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26128

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2944

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: 3636 Monroe 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 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3636 Monroe Ave. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME Sail M. Aulgur

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Mary Aulgur

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February (Month) 23rd. (Day) 1877 (Year)

8. AGE: Years 71 Months 4 Days ~~22~~ 23 If less than one day ____ hr. ____ min.

9. Birthplace Marshall (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Interior Decorator

11. Industry or business ____

FATHER
12. Name Sail Aulgur
13. Birthplace Unknown (City, town, or county) ____ (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ____ (State or foreign country) 9

16. (a) Informant Mrs. Mary Aulgur
(b) Address 3636 Monroe Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 7-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th.
year 1948 hour 7 30 minute a M.

21. I hereby certify that I attended the deceased from ____ Corona ____, 19__, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to arteries - sclerosis	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) 93 d	

Major findings:
Of operations ____
Of autopsy no history & inspection

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature [illegible] (M. D. or other) 3 Corona
Address [illegible] Date signed 7-17-48

(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 Walter H. Erwin

Licensed Embalmer No. 4352

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.