

FILED NOV 4 1948/49
Registration District No. _____

Primary Registration District No. 1002

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:
Lakeside Hospital A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours (Specify whether
In this community 48 Years (Specify whether
years, months or days)

3: (a) PRINT FULL NAME CHARLES L. SAUNDERS
3. (b) If veteran, name war No 3. (c) Social Security No. 486-10-1060

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Minnie Saunders 6. (c) Age of husband or wife if alive about 64 years
7. Birth date of deceased Nov 17 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 26 hr. min.

9. Birthplace Franklin County Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business _____

MOTHER FATHER { 12. Name John Saunders
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

{ 14. Maiden name Nancy Webster
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. C. Courts
(b) Address 4407 Oak--Kansas City Kansas

17. (a) Cremation (b) Date thereof 10/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation D. W. Newcogne's home

18. (a) Signature of funeral director Mark Tobin
(b) Address 20 West Linwood

19. (a) 10-16-48 (b) Theraldine 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 8
(If outside city or town limits, write "RURAL") 0
(d) Street No. 3039 Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day Oct
year 1948 hour 4:30 minute P M.
21. I hereby certify that I attended the deceased from
10-11-48 to 10-13-48, 1948;
that I last saw him alive on 10-13-48
and that death occurred on the date and hour stated above.

Immediate cause of death auricular fibrillation
Duration 1 hr.

Due to Cardiac decompensation

Due to senility - alcoholism

Other conditions (Include pregnancy within 3 months of death)

Major findings: 95 C
Of operations _____
Of autopsy _____

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? 2

While at work? _____ (Specify type of place)
Means of injury L. James Larimore

23. Signature L. James Larimore (M. D. or other) DO
Address 618 Bryant Bldg. Date signed 10-15-48

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,

....., Registered Apprentice No.

working under my personal supervision.

Signed

Howard W. Farmer

Licensed Embalmer No.

4134

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.