

No. 300
10-47
17-39
PI 3908

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36679**
Registrar's No. **4407**

FILED NOV 16 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: **Memorial Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 days**
(Specify whether years, months or days) **30 days**

3: (a) PRINT FULL NAME **Mr. John Sanders**
3: (b) If veteran, name war **no**
3: (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **w**
6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Petty Jean Sanders**
6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **June 29 1875**
(Month) (Day) (Year)

8. AGE: Years **73** Months **3** Days **27**
If less than one day hr. min.

9. Birthplace **Cass County Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **same**

12. Name **John B. Sanders**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jane Taylor**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Petty Jean Sanders**
(b) Address **W. Alfrey, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 29 1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **Pitts Chapel**
18. (a) Signature of funeral director **Carroll P. Papp**
(b) Address **Walden, Mo.**

19. (a) **10-29-48** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Johnson**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rock Hill Ave**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **26** year **1948** hour **8** minute **45** A.M.
21. I hereby certify that I attended the deceased from **Sept 23** 19 **48** to **Oct 26** 19 **48**
that I last saw him alive on **Oct 26** (P.M.) 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral vascular accident due to thrombosis + hemorrhage**
Due to **(1) Diabetes mellitus (2 years)**
(2) Generalized arteriosclerosis (5 yrs)
(3) Endarteritis obliterans + gangrene, beginning in left great toe
Other conditions **toe**
(Include pregnancy within 3 months of death)

Major findings: **10-11-48 - Skull x-ray**
Of operations **amputation of toe (for gangrene)**
autopsy **refused by relatives.**

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? _____

Richard A. Twyman (Specify type of place) While at work? _____ (c) Means of injury **D**
23. Signature **Richard A. Twyman MD** (M. D. or other) Address **1314 Professional Bldg** Date signed **Oct 26 1948**

Kansas City, Mo 1948

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. 279
working under my personal supervision.

Signed M. J. Canaday

Licensed Embalmer No. 3484

P. O. Address Holden, 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.