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FILED DEC 4 1948

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4601

**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: General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community 12 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. 3404 Roberts  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

**3. (a) PRINT FULL NAME** Barbara Jean Sayles

3. (b) If veteran, name war. No

3. (c) Social Security No. None

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 8  
year 1948 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from Nov. 3, 1948 to Nov. 8, 1948  
that I last saw her alive on Nov. 8, 1948  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased 9-21-1936  
(Month) (Day) (Year)

Immediate cause of death Generalized Toxemia Duration

Due to Bulbar poliomyelitis

Due to \_\_\_\_\_

Other conditions 36  
(Include pregnancy within 3 months of death)

**8. AGE:**

Years	Months	Days	If less than one day
<u>12</u>	<u>1</u>	<u>17</u>	hr. _____ min. _____

Major findings: 36

Of operations \_\_\_\_\_

Of autopsy See above

**PHYSICIAN**  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation School Girl

**MOTHER, FATHER**

11. Industry or business \_\_\_\_\_

12. Name William V. Sayles

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Gladys Keeton

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mr. William V. Sayles

(b) Address 3404 Roberts

17. (a) Burial (b) Date thereof 11-11-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

23. Signature Wm. V. Hart (Specify type of place) While at work? (c) Means of injury

Signature Steraldine Holmes (M. D. or other)

Address Med. Dir. Gen'l Hosp. 11-9-48

Date signed \_\_\_\_\_

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 11-10-48 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

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

NOV 9 1949

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.....

*Joe B. Yoder*

Licensed Embalmer No. *4173*

P. O. Address. *NC 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.**