

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30662**  
**3729**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3729</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>0</u>		c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>7729 Ward Parkway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				3. NAME OF DECEASED a. (First) <u>Anthony</u> b. (Middle) <u>Lee</u> c. (Last) <u>Lawrence Sinclair</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30, 1950</u>		5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec. 12, 1887</u>		9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Representative</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Representative</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fleming Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Sinclair</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Barrett</u>		14. NAME OF HUSBAND OR WIFE <u>Amy M. Sinclair</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-05-6995</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amy M. Sinclair 7729 Ward Parkway K.C. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>551</u> <u>W</u> This does not mean the cause of dying, such as heart failure, asthma, etc. (c) means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema, Pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Acute Lymphatic Leukemia</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u> <u>40</u> <u>20</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Kansas City Jackson Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>14 Apr</u> , 19 <u>50</u> , to <u>30 Aug</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>30 Aug</u> , 19 <u>50</u> , and that death occurred at <u>4:30 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Fred H. Lundgren Jr</u> (Degree or title)		23b. ADDRESS <u>612 Professional Bldg. K.C. Mo.</u>		23c. DATE SIGNED <u>1 Sept 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG <u>9-1-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, K.C. Mo.</u>			

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

Correct by aff. line

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.....

James P. Mc Gilley Jr.

working under my personal supervision.

Student Embalmer No. .... 366 .....

Signed *James P. Mc Gilley Jr.*  
Student Embalmer

Signed *Max H. Kirkendall*

Licensed Embalmer No. .... 4632 .....

P. O. Address *A. C. 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri }  
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 3066 2/50  
Local Registrar's No. 3729

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of April, 1945 before me appears Amy M. Sinclair, who, upon her oath, states that the original record of <sup>birth</sup> death for Anthony Lawrence Sinclair <sup>dated -</sup> Aug. 30, 1950, in the State of Missouri, and which was filed at Kansas City, Mo. on 9-1, 1950, should be corrected as follows:

Item No. 3 should read Anthony Lawrence Sinclair

Instead of Anthony Leo Sinclair

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Amy M. Sinclair x Wife  
Relationship.

X 2617 Madison Ave K.C. Mo.  
Present Address.

Subscribed and sworn to before me this 7th day of April, 1951

My Commission expires Oct. 21, 1951 Barne M. Ruppelius Notary Public.