

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

23209

State File No. ....

2822

No. 300  
10-48

FILED AUG. 4 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
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 <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> )			c. LENGTH OF STAY (In this place) <u>45 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			3738
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5000 Oak Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u>		b. (Middle)		c. (Last) <u>SANDERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb. 13, 1885</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days IF OVER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Decorator &amp; Saleswoman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>T.M. James &amp; Hall</u>		11. BIRTHPLACE (State or foreign country) <u>Fort Scott, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Daniels Sanders</u>		13b. MOTHER'S M maiden NAME <u>Hannah Lederman</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-07-2064</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Morris Sanders, 317 E. 43rd St., KC Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pancreas &amp; hepatic &amp; peritoneal metastases</u>				6 mos	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>-</u>				157X	
19a. DATE OF OPERATION <u>4/23/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of pancreas &amp; extensive hepatic &amp; peritoneal metastases</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify that I attended the deceased from <u>4/23</u> , 19 <u>51</u> , to <u>July 2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/2</u> , 19 <u>51</u> , and that death occurred at <u>12:05 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert E. Allen M.D.</u> (Degree or title)				23b. ADDRESS <u>200 Plaza Medical Bldg.</u>		23c. DATE SIGNED <u>7/3/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/11/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-3-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE, Kansas City, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. L. C. Engel - St. Paul's Hosp. - Issue

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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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Eugene Harmon*  
Student Embalmer No. ....

Licensed Embalmer No. *4633*

P. O. Address *Kansas City*

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.