OCT 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31481
Do not use this space.

3579

1. PLACE OF DEATH
(a) County JACKSON Registration District No. 399
(b) Township KAW Primary Registration District No. 1002 Registered No.
(c) City KANSAS CITY (d) Street No. RESEARCH HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 536 MRS. TEMPA HUGHES SANDERS
(a) Residence, No. 209 EAST 46TH St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF DR. FRANK L. SANDERS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 28 1889

7. AGE: YEARS 49 MONTHS 11 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI

FATHER
13. NAME James L. HUGHES
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mearland

MOTHER
15. MAIDEN NAME Tempa Shepard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) MRS. J. L. HUGHES 209 EAST 46TH STREET

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL ABBEY DATE SEPT 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS 1401 BRUSH CREEK BLVD

20. FILED 9-12 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1939, to 9-10, 1939
I last saw her alive on 9-10, 1939. Death is said to have occurred on the date stated above, at 7:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	Jan 1936
Cerebral metastasis	2 mo?
46	

Other contributory causes of importance:

Lung metastasis	6 mo.

Name of operation Resect. Rectum Date of Jan 1936
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) James A. Jarvis, M. D.
(Address) 820 Prof. Bldg.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
V. S. NO. 2. 50M-1-12-38 I X14028

820 Professional Bldg
11-3-30

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. 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, above space should be left blank.