

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Sumner Co. Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3 1/2 South East of Blue Springs Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 336

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
2 1/2 mi S.W. Blue Springs

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20  
year 1940 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from 1/20/1940 to 1/20/1940  
that I last saw him alive on 1/19/1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration \_\_\_\_\_

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

Due to 121

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 3

23. Signature J. E. Query (M. D. or other) 3 Dec  
Address Blue Springs Date signed 1/21/40

3. (a) PRINT FULL NAME JOHN HENRY SAUNDERS  
John Henry Saunders

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jenna Taylor Saunders 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept 17 1876  
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace West Va -  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name James Saunders

13. Birthplace W. Va -  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wealeford

15. Birthplace V. Va -  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John H. Saunders

(b) Address Blue Springs

17. (a) Burial (b) Date thereof 12 22 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs

18. (a) Signature of funeral director Geo. Brothman

(b) Address Pleasant Hill Mo.

19. (a) Jan 22, 1940 (b) J. W. Little M.D.  
(Date received local registrar) (Registrar's signature)

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

*Amey*  
*to*

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 *Om*

*January 20 - 1940 -* Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*C. W. Bivins*

Licensed Embalmer No.

*3785*

P. O. Address

*Pleasant Hill*

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.