

NOV 12 1940
Registration District No. _____

Primary Registration District No. **1002**

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: Wheatley Prov. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 21 years
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. 1411 Garfield
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Alice Sanders

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Sanders 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased February 21 1899
(Month) (Day) (Year)

8. AGE: Years 41 Months 7 Days 26 If less than one day hr. _____ min.

9. Birthplace Little Rock, Ark (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Coleman
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

{ 14. Maiden name Cora Lee Moore
16. Birthplace Tenn.
(City, town, or county) (State or foreign country)

18. (a) Informant Robert Sanders

(b) Address 1411 Garfield

17. (a) burial (b) Date thereof 10/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (e) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 10-21-40 (b) M. D. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1940 hour 11 minute 27 P. M.

21. I hereby certify that I attended the deceased from Oct 11,
1940 to Oct 17, 1940
that I last saw her alive on Oct 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute
meningitis
Septic Stomatitis
Due to Decayed Teeth
Dental caries
Other conditions Septicemia
(Include pregnancy within 3 months of death)

Duration 7 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Of operations none 7/9/40
Of autopsy none

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature L. S. Sittman (M. D. or other) M.D.
Address 1618 Lydia Date signed 10/18/40

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

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

Isaac Jerome McDove

Licensed Embalmer No.

3994

P. O. Address

1120 E. 23rd St

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.