

No. 2  
-13-40  
-17-39  
I X23159

Registration District No. 399

Primary Registration District No. 1002

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

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:  
4330 Michigan Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 Yrs. (Specify whether  
years, months or days)

In this community 32 Yrs. (Specify whether  
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. 4330 Michigan Avenue  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. George W Saults

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Myrtle Saults

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January 13, 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57	10	5	_____ hr. _____ min.
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9. Birthplace Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Filling Station Operator

11. Industry or business Phillips Petroleum Co.

12. Name Nathan A. Saults

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown (City, town, or county) (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Saults

(b) Address 4330 Michigan

17. (a) Burial (b) Date thereof Nov. 22, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director W. H. Newcomer, Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-20-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th  
year 1940 hour 9 minute 30 P. a. M.

21. I hereby certify that I attended the deceased from 9/1/40 19 to 11/18/40 19  
that I last saw him alive on 11/18/40 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Occlusion

Due to Arteriosclerotic Heart Disease

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

Other conditions (Include pregnancy within 3 months of death) 95 lb<sup>2</sup>

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.

Address 311 Cass St Bldg Date signed 11/19/40

311  
12:30  
8:51

**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.....

*H. C. Moore*

**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.**