

FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1117

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 87

1. PLACE OF DEATH: Jackson  
 (a) County Kansas City Mo  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: 1718 Crystal  
 (If not in hospital or institution, write street number or location) /  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 52 Years  
 years, months or days)

3. (a) PRINT FULL NAME Joseph N Saunders  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Josie May Saunders  
 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Mar 21 1864  
 (Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 13  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri Real Estate  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name Daniel Green Saunders

13. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

14. Maiden name McDaniels

15. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Josie May Saunders

(b) Address 1718 Crystal

17. (a) Burial (b) Date thereof Jan 7 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem

18. (a) Signature of funeral director Rose & Henderson

(b) Address K C Mo.

19. (a) Jan 6 1941 (b) M. M. Brown  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City Mo  
 (If outside city or town limits, write "RURAL") 8  
 (d) Street No. 1718 Crystal  
 (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4  
 year 1941 hour 9:05 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 4th, 1941, to Jan 4th, 1941;  
 that I last saw him alive on Jan 4th, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Right ventricular failure

Due to Uremia 1370

Due to Chronic prostatic hypertrophy

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

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 S. F. White (M. D. or other) 0  
 Address 1019 Professional Bldg K C Mo Date signed 1/6/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. T. L.  
Ha. 402  
Prof. B. G.

**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.

Registered Apprentice No. ....

Signed *G. E. Henderson*.....

Licensed Embalmer No. *3657*

P. O. Address *H. G. 7700*

**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.**