. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 24322

FILED AUG 16 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2861

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Weeks
In this community: 42 Years 0 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Jackson 048
(c) City or town: Fairmount District 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.: 9400 E. 9th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: //

3. (a) PRINT FULL NAME: WILLIAM SAYLES
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Jennie Sayles
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: July 27, 1869 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 0 | 0 | hr. min. |

9. Birthplace: Iowa (City, town, or county) (State or foreign country) 1
10. Usual occupation: Chief Engineer P. O. Dep't.
11. Industry or business: Retired
FATHER
12. Name: William Sayles
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. Jennie Sayles
(b) Address: 9400 E. 9th St.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 29, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah
18. (a) Signature of funeral director: C. H. Blackman & Son, Inc
(b) Address: 2825 Indep. Blvd. K. . Mo.
19. (a) 7-29-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 27 year 1941 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 1940 to July 27 1941 that I last saw him alive on July 26 1941 and that death occurred on the date and hour stated above.
Immediate cause of death: Acute Myocarditis
Due to: Prostatism 3 yrs
Due to: Anemia 3 yrs
Due to: 127.a
Other conditions (Include pregnancy within 3 months of death): 127.a
Major findings: Of operations: Benign Prostatic Hypertrophy
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: R. L. Bryan M.D. (D. or other)
Address: 714 Thornbery Bldg. Date signed 7/29/41

(Licensed Embalmer's Statement on Reverse Side)

## 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.....H D Buckman.....

Licensed Embalmer No.....3639.....

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, fact should be so stated above.**