

FILED DEC 30 1942

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1185-

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 2018 Francis St.
(d) Length of stay: In hospital or institution 1 month
32 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter H. Saunders
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color white
6. (a) Single, widowed, married, divorced, or widowed
6. (b) Name of husband or wife Hattie
6. (c) Age of husband or wife if alive, years Dead 9, 1863
7. Birth date of deceased August 9, 1863

8. AGE:	Years	Months	Days	If less than one day
	79	3	28	hr. min.

9. Birthplace Buchanan County, Missouri
Packing house worker

10. Usual occupation Swift and Co.

11. Industry or business John Saunders

12. Name Louisville, Kentucky
13. Birthplace Louisville, Kentucky
14. Maiden name Delilah McKinney
15. Birthplace Louisville, Kentucky

16. (a) Informant Mrs. Joseph Saunders
(b) Address 4th and Bell Sts., City

17. (a) Burial
(b) Date thereof 12/9/42
(c) Place: burial or cremation Armstrong Cemetery

18. (a) Signature of funeral director John E. Gump
(b) Address 6054 Pryor Ave., City

19. (a) 12-9-42
(b) Rose Stegoy
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 6308 Brown St.
(e) Citizen of foreign country? No
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 7
year 1942 hour 2:00 minute A.M.

21. I hereby certify that I attended the deceased from Sept 18, 1942, to Oct 19, 1942, that I last saw him alive on Oct 19, 1942, and that death occurred on the date and hour stated above.
Duration of action by Dr. Elliott

Due to Cerebral Apoplexy 9-18-42
Due to Arteriosclerosis and Hypertension

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 3
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) Means of injury
23. Signature E. J. Gump (M. D. or other)
Address 2008 Young Hill Date signed 12-9-42

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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.....

..... *myself* Registered Apprentice No.
working under my personal supervision.

Signed: *John E. Crupp*

Licensed Embalmer No. *3986*

P. O. Address *St Joseph, 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.