

Registration District No. 729

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-22-43, 1-30-43
(Specify whether)

In this community 4 Months
(years, months or days)

3. (a) PRINT FULL NAME Richard Marion Sayre

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Matilda Sayre

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

7. Birth date of deceased December 16 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>1</u>	<u>14</u>	____ hr. ____ min.

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

10. Usual occupation Farmer, Retired

11. Industry or business _____

MOTHER FATHER {

12. Name Curtis Sayre

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

14. Maiden name Olive Tillis

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

16. (a) Informant Mrs. Carl Levin

(b) Address 2611 Bales

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 1-30-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Humansville, Missouri

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City Mo.

19. (a) Jan 30, 1943 (Date received local registrar)

(b) Dr. M. Crow (Registrar's signature)

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. 2611 Bales
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th
year 1943 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from Dec 1 - 1942 to Jan 30 1943
that I last saw him alive on Jan 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulm pneumonia
Caused by stomach

Due to 46 D

Due to _____

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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 Dr. M. Crow (M. D. or other)

Address 525 S. 1st St Date signed 1/30/43

val 6992.

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed G. H. Niéro

Licensed Embalmer No. 7590

P. O. Address 110

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.