

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30939**
4032
Registrar's No.

FILED OCT 13 1943
Registration District No. **2049**

Primary Registration District No. **100**

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:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 21 days
(Specify whether
In this community unk
years, months or days)

3. (a) PRINT FULL NAME Phillip Sanderholm
3. (b) If veteran, name war No
3. (c) Social Security No. A unk

4. Sex 39M 5. Color or race W 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 1903
(Month) (Day) (Year)

8. AGE: Years 39 Months 40 Days 4 If less than one day hr. _____ min.

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

10. Usual occupation selling states attendant

11. Industry or business Daniel

MOTHER FATHER
12. Name John Brown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name John Brown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Spar

(b) Address 1526 Central

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/20/43
(Month) (Day) (Year)

(c) Place: burial or cremation East Elm wood Cem

18. (a) Signature of funeral director James Meyers

(b) Address 2015 Remwood

19. (a) 9-20-43 (Date received local registrar) (b) T. E. Brown (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. 1526 Central
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th
year 1943 hour 2 minute 15 P. M.
21. I hereby certify that I attended the deceased from July
27th 1943 to Sept. 16th 1943
that I last saw h. im alive on Sept. 16th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death reticulum cell
sarcoma (Lymphatic)
Due to _____
Due to 552

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

Major findings:
Of operations _____
Of autopsy None

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 James R. Spar (M. D. or other)
Address Gen'l Hosp. Date signed 9-16-

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Signed.....

Roy E Snow

Licensed Embalmer No..... *2560*

P. O. Address..... *J.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.