

FILED SEP 5 1944

Registration District No.

Primary Registration District No. 4098

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Belton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 months
years, months or days)

3. (a) PRINT FULL NAME GEORGIA HAZEL SANDERS

3. (b) If veteran, name war X
3. (c) Social Security No. 499-18-3894

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced 3 divorced
6. (b) Name of husband or wife Frank R. Sanders
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Nov. 28, 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 2
If less than one day hr. min.

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

10. Usual occupation Machine Operator

11. Industry or business Garment Factory

MOTHER FATHER
12. Name Otho G. Page
13. Birthplace Des Moines, Ia.
(City, town, or county) (State or foreign country)
14. Maiden name Carrie Estep
15. Birthplace Cainsville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maurice Robie
(b) Address Belton, Mo.

17. (a) Burial (b) Date thereof 9/1/'44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forrest Hill Cem K. Mo.

18. (a) Signature of funeral director E. K. Deane Sons
(b) Address Belton, Mo.

19. (a) Sept. 2, 1944 (b) Margaret Velle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1242 Penn
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30th
year 1944 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 3rd, 1944 to Aug 30, 1944
that I last saw her alive on Aug 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration several yrs
Due to Carcinoma of Colon
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations H&E
Of autopsy no
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 R. M. Wallace (M. D. or other) DO
Address Belton Mo Date signed 9/1/44

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

19
0
0

1047

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 Richard E. George
Licensed Embalmer No. 3958
P. O. Address Bellon, 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.