S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36905

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4865

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~~:
RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 5 DAYS (Specify whether
In this community 29 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 1316 EAST 44TH STREET
(If rural, give location)

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

If yes, name country ------ 0

3. (a) PRINT FULL NAME MR. ROBERT LEE SAILOR

3. (b) If veteran, name war —

3. (c) Social Security No. 448-22-2982

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of ~~husband or~~ wife MRS. SADIE SAILOR

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased DECEMBER (Month) 2 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	28	hr. min.

9. Birthplace (City, town, or county) 0 MISSOURI (State or foreign country)

10. Usual occupation BARBER

11. Industry or business 6 WEST 10TH STREET

FATHER
12. Name WILLIAM T. SAILOR
13. Birthplace (City, town, or county) 1 WEST VIRGINIA (State or foreign country)

MOTHER
14. Maiden name JOHANNA WEERS
15. Birthplace (City, town, or county) 1 NORTH CAROLINA (State or foreign country)

16. (a) Informant MRS. SADIE SAILOR

(b) Address 1316 EAST 44th STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 3 1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ GREEN LAWN CEMETERY SCHELL CITY, MISSOURI

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) Dec 2 1944 (Date received local registrar) (b) F. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 30TH year 1944 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Apr 19 1944, 19..., to Nov 30, 1944; that I last saw him alive on Nov 30, 1944, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure Acute - Rt Ventricle Dilatation	1 day
Due to Post Operative Hemorrhage	1 day
Due to Prostatic Resection	1 day
Other conditions (Include pregnancy within 3 months of death)	

134 fs

Major findings:
Of operations Hypertrophy Prostate

Of autopsy Same - Gall Stones - Bladder Diverticuli & Calculi & Dilated Rt Ventricle

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 Douglas Jackson (M. D. ~~or other~~) 0

Address 1019 Prof Bldg Kimo Date signed 11/30/44

(Licensed Embalmer's Statement on Reverse Side)

1019 Professional Bldg

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 E. Oscar Worthy

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.