

Registration District No. 149

Primary Registration District No. 1002

State File No.

Registrar's No. 456

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. Mary's
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution 15 days (Specify whether)
 In this community 40 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Wyandotte 999
 (c) City or town Kansas City 14
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. 253 N. 31
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Rex Owen Saunders

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife Anna Vivian 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased September, 3, 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 24 hr. min.

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

10. Usual occupation Foreman (Bridge)

11. Industry or business Mo. Pacific R.R.

MOTHER FATHER { 12. Name Robert Saunders

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

14. Maiden name Priscilla Lewman

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

16. (a) Informant Mrs. Anna V. Saunders

(b) Address 2 53 N. 31 St. K.C. Kansas

17. (a) burial (b) Date thereof 1-29-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cem. N. C. K.

18. (a) Signature of funeral director Geo. H. Long

(b) Address Kansas City, Mo.

19. (a) 1-29-45 (b) T. E. Brown
 (Date received local registrar) (Registrar's signature)

21. I hereby certify that I attended the deceased from Jan 14 1945 to Jan 27 1945
 that I last saw him alive on Jan 27 1945
 and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
 year 1945 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 14 1945 to Jan 27 1945
 that I last saw him alive on Jan 27 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Acute Pericarditis Duration 13 days

Due to Coronary Arteriosclerosis yrs

Due to

Other conditions Chr. Glomerulonephritis yrs
Renal Calculi

Major findings: Of operations

Of autopsy 134 W

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 0

23. Signature Bertha E. Gurney (M. D. or other)

Address H. Marys Camp Date signed 1-27-45

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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 Joe B. Yoder
Licensed Embalmer No. ~~4173~~ 4173
P. O. Address 40 E. W. Longmont
Kansas City, 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.