S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6327

State File No.

FILED FEB 24 1945

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo (Rural washington)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8034 Euclid - Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 8034 Euclid 48
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Amos B. Satterlee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Emma C.

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

7. Birth date of deceased Feb. (Month) 22 (Day) 1858 (Year)

8. AGE: Years 86 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Morris Known (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name William Satterlee
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Amos C Satterlee
(b) Address 8034 Euclid, K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Hill Cem

18. (a) Signature of funeral director Cereath & Sir
(b) Address Adrian Mo.

19. (a) 2-10-45 (Date received local registrar) Sub RW Lindsey Stone Inc (Registrar's signature)

Dr. Annie S. Hodges (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day Feb year 1945 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 7, 1943 to Feb. 7, 1945 that I last saw him alive on Feb 6, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Reno-Cardio Vascular Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131a

Major findings:
Of operations
Of autopsy

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 Geo. H. Jones M.D. (M. D. or other)
Address 80th & Pasco Date signed 2/7/45

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 and Fred T. Cereath 3343, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3650

P. O. Address Adrian Mer

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.