

S. No. 2
M-5-43
7. 5-17-39
I X36671

1727

FILED JAN 31 1946
Registration District No. 129

Primary Registration District No. 1002

State File No. _____
Registrar's No. 121

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:
Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Hours
In this community 7 Hours
(Specify whether years, months or days)

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. 2128 E. 38th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Sager
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 8
year 1946 hour _____ minute 11 A.M.

4. Sex Male 5. Color or race White
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 January 7 1946
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 7 1946 to January 8 1946
that I last saw h. _____ alive on 1/7/46
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
				<u>7 hr.</u> _____ min.

Immediate cause of death Prematurity
Due to _____
Due to 159

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

Other conditions Cystic Hygroma - neck
(Include pregnancy within 3 months of death)
Obstructives of Bowel Function
PHYSICIAN _____

10. Usual occupation None
11. Industry or business _____
12. Name Harry Sager
13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Helen Sager STEIN
15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy as above

16. (a) Informant _____
(b) Address 2128 E. 38th St., K. C., Mo.
17. (a) Burial (b) Date thereof 1-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Cem.

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? _____

18. (a) Signature of funeral director J. P. Louis Funerals Home
(b) Address 3400 Woodland Ave., K. C., Mo.
19. (a) 1-9-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature St. Patula M.D. (M. D. or other) _____
Address 628 Prop. Bldg Date signed 1/9/46

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

1225

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.