

Registration District No. **149**

Primary Registration District No. **1002**

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

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: **Osteopathic Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 Days**
In this community **5 mo.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Celery**
(c) City or town **North K.C. mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rust # 5**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **William Riley Sanders**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **486-030622**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **21st** year **1946** hour **9** minute **30 a.m.**

I hereby certify that I attended the deceased from **Jan 25**, 1946, to **Feb 21**, 1946, that I last saw him alive on **Feb 21**, 1946, and that death occurred on the date and hour stated above.

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Corra Myrtle Sanders** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Feb 22 1878**
(Month) (Day) (Year)

8. AGE: Years **69** Months **11** Days **29** If less than one day hr. min.

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

10. Usual occupation **Truck Driver**

11. Industry or business **Pittsburg Plate Glass Co**

12. Name **James Sanders**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **Stanh Bruce**

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

16. (a) Informant **Mrs. Corra Myrtle Sanders**

(b) Address **R.F.D. #5 North K.C. mo**

17. (a) **Burial** (b) Date thereof **2-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Park Ch. of S.**

18. (a) Signature of funeral director: **W. P. C. Foster**
(b) Address **K.C. mo**

19. (a) **2-21-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

Immediate cause of death: **Lobar Pneumonia**

Due to **acute sinusitis**

Due to **108**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: **Acute infection**
Of operations: **Right frontal sinus**

Of autopsy:

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? (Specify type of place) (e) Means of injury **2**

23. Signature **J. E. Welch** (M. D. or other) **DO**
Address **2608 Daley Ave.** Date signed **2/21/46**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Harley

2608 South Ave

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 C. H. Wise

Licensed Embalmer No. 2570

P. O. Address R C 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.