No. 2
1—2-43
6-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8898

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1199

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 5821 Virginia 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 Yr's
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town K. C., Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5821 Virginia 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Marietta Saile

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased July (Month) 3 (Day) 1868 (Year)

8. AGE: 79 Years | Months ~~9~~ 8 | Days ~~13~~ 12 | If less than one day ..... hr. ..... min.

9. Birthplace Kansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Home

11. Industry or business No

FATHER
12. Name Sailas E. Bond
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Saran Ronrer
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant Victor H. Schmidt
(b) Address 5821 Virginia

17. (a) Lawrence, Ks. (Burial, cremation, or removal) (b) Date thereof 3/17/48 (Month) (Day) (Year)

(c) Place: burial or cremation Rumsey Funeral Home

18. (a) Signature of funeral director Stine & McClure
(b) Address K. C., Mo.

19. (a) 3-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1948 hour 4:30 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Mar 4 1948 to Death, 19...;
that I last saw her alive on Mar 10, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carnary Thrombosis

Due to .....

Due to Arteriosclerosis (Senile)

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

Major findings:
Of operations No 94a
Of autopsy No

Duration

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 0

23. Signature James T. Fugro (M. D. or other) 3/16/48
Address 410 Bryant Bld Date signed 3/16/48

(Licensed Embalmer's Statement on Reverse Side)

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 Charles Stickney, Registered Apprentice No. 64, working under my personal supervision.

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address KC 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.