

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11582**BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 2 MOS.		d. STREET ADDRESS (If rural, give location) 203 W. Missouri Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, 203 West Missouri Ave.			

3. NAME OF DECEASED (Type or Print)	a. (First) MILDRED	b. (Middle) I.	c. (Last) SAUNDERS	4. DATE OF DEATH (Month) (Day) (Year)
				4 10 1949

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-13-1882	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 MRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Council Bluffs, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Royal	13b. MOTHER'S MAIDEN NAME Jane Hyde	14. NAME OF HUSBAND OR WIFE Joseph Saunders
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joseph Saunders, 203 W. Mo. Ave.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			33 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/25 19 49 to 4/10 19 49, that I last saw the deceased alive on 4/8, 19 49, and that death occurred at 10:25 m., from the causes and on the date stated above.

23a. SIGNATURE <i>Thos Redmond M.D.</i>	(Degree or title)	23b. ADDRESS <i>St. Joseph, Mo.</i>	23c. DATE SIGNED <i>4/13/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-13-1949	24c. NAME OF CEMETERY OR CREMATORY ABHLAND	24d. LOCATION (City, town, or county) (State) ST. JOSEPH, MO.
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DATE REC'D BY LOCAL REG. Apr 15, 1949	REGISTRAR'S SIGNATURE <i>L. C. Jenkins</i>	382	25. FUNERAL DIRECTOR'S SIGNATURE <i>John C. Kupp</i>	ADDRESS <i>St. Joseph, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed John E. Rupp

Signed _____
Student Embalmer

Licensed Embalmer No. 3986

P. O. Address St Joseph, 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.