

STANDARD CERTIFICATE OF DEATH

FILED JUL 12 1954

State File No. 18047

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 729

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

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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 township) St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 9 mos.		e. STREET ADDRESS (If rural, give location) 218 So. 10th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in full, give location, street, or street location) State Home Nursing Home 218 So. 10th St.			

3. NAME OF DECEASED (Type or Print) FRANCES SAUNDERS			4. DATE OF DEATH (Month) (Day) (Year) June 26, 1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 5, 1894	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Rushville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George Saunders	13b. MOTHER'S MAIDEN NAME Sarah Ann Thomas	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Social Welfare Bd.— St. Joseph, Mo.

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 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Uterus & Urinary bladder		
	ANTECEDENT CAUSES Morbid 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. Hypertensive heart disease; Paralysis lower extremities; Senile Mentality			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3-1, 1954, to 6-26, 1954, that I last saw the deceased alive on 6-26, 1954, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. F. Mundy</i>	(Degree or title) MD	23b. ADDRESS 2801 Sacramento St., St. Joseph, Mo.	23c. DATE SIGNED 6-28-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-30-1954	24c. NAME OF CEMETERY OR CREMATORY Armstrong Cemetery	24d. LOCATION (City, town, or county) (State) Rushville, Missouri

DATE REC'D BY LOCAL REG. July 9, 1954	REGISTRAR'S SIGNATURE <i>Caroline M. Allison</i>	485	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Bowman</i>	ADDRESS St. Joseph, Mo.
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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..

Student.....
Signature of Student Embalmer

Signed *James P. Hawkins*.....

Licensed Embalmer No. 4536

P. O. Address 314 So 10th St.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.