

REC'D OCT 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31951

Do not use this space.

## 1. PLACE OF DEATH

(a) County Chariton Registration District No. 174  
(b) Township Clark Primary Registration District No. 524  
(c) City..... (d) Street No..... Registered No.....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

James Frederick Sanderson  
(a) Residence, No..... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Riley Sanderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 8 1871</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>5</u>
	DAYS <u>21</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kidder Mo</u>		
FATHER	13. NAME <u>James F Sanderson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boston Mass</u>	
MOTHER	15. MAIDEN NAME <u>Abigail</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....	
17. INFORMANT <u>Mrs Fred Sanderson</u> (ADDRESS) <u>Marceline Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Olivet</u> DATE <u>Oct 1 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>Jas. M. Haughey</u> (ADDRESS) <u>Marceline Mo</u>		
20. FILED <u>Oct 5 1938</u> <u>608 Stratton</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 29 - 1938

22. I HEREBY CERTIFY, That I attended deceased, from Called after heart attack; patient dead before I arrived, to 1938,  
I last saw him on Sept 29, 19..... Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion  
Date of onset.....  
Other contributory causes of importance: 9/4/38

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury.....  
Nature of injury.....24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....(Signed) John W. Aiken, Jr.  
(Address) Marceline Mo.

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 10/12/38

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,

James M. Taughlin, or by Dale Bunch  
Registered Apprentice No. 149, working under my personal supervision.

Signed James M. Taughlin  
Licensed Embalmer No. 1274  
P. O. Address Marceline

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, above space should be left blank.



