

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

**35709**  
Do not use this space.

NOV 17 1938

1. PLACE OF DEATH  
 (a) County Greene Registration District No. 318  
 (b) Township Campbell Primary Registration District No. 2001  
 (c) City Springfield (d) Street No. 744 N. Campbell Registered No. 778  
 (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.  
 536  
 2. PRINT FULL NAME JERRY LEE SANDERS  
 (a) Residence, No. 744 N. Campbell St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4-1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 0 5 17  
 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. Baby  
 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) Springfield Mo  
 FATHER 13. NAME Johnny Sanders  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 MOTHER 15. MAIDEN NAME Ruth Russell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ava Mo  
 17. INFORMANT (ADDRESS) Ruth Sanders 744 N. Campbell St  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sinking Creek DATE Oct 22 1938  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Down-Hall 629 W. Walnut St  
 20. FILED 10-22 1938 Chas A. George Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 1938  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him indeed alive on Oct 21, 1938. Death is said to have occurred on the date stated above, at 12 noon.  
 The principal cause of death and related causes of importance were as follows:  
Suffocation by rolling over on face  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 188'  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury Oct 21, 1938.  
 Where did injury occur? 744 N. Campbell (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. In home  
 Manner of injury Suffocation  
 Nature of injury by rolling over on face  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J.P. Ferguson M. D. (Address) Greene Co

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**