

REC'D FEB 23 1939

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

2687
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Stalena Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 302 Pearl St.
 (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

WILLIAM FLDRIDGE SANDERS
 (a) Residence, No. 302 Pearl 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lara H. Sanders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate & Insurance
 9. Industry or business in which work was done, as saw mill, bank, etc. 34 years
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McNary County, Tenn.

FATHER 13. NAME Joseph H. Sanders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mary Jane Hadden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lara H. Sanders, 302 Pearl, Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE Jan 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Laughers Mortuary, Joplin Missouri

20. FILED 1-28-39 E. D. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Jan 25th, 1939
 I last saw him alive on Jan 25th, 1939. Death is said to have occurred on the date stated above, at 8:51 p.m.

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

Chr. Myocarditis Date of onset 1936
Chr. Interstitial Nephritis 121 Date of onset 1936

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Electrocardiogram Was there an autopsy? Yes

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? _____
 If so, specify _____ (Signed) E. D. James _____, M. D.
 (Address) Joplin Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-328

Date Filed FEB 16 1939

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,

Allen E. Langher

, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Allen E. Langher

Licensed Embalmer No. 5574

P. O. Address Jeppin, 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, above space should be left blank.