REC'D MAR 17 1939

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

6809
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township — Primary Registration District No. 3020 — Registered No. 32
(c) City Carthage — (d) Street No. McCune Brooks Hospital 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 Margaret Sanders
(a) Residence, No. Webb City, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF: Charley Sanders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 28, 1873

7. AGE: Years 66 | Months No | Days 17 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as saw mill, bank, etc.:
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): Red Oak, Iowa

FATHER
13. NAME: Soloman Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Md.

MOTHER
15. MAIDEN NAME: Sarah Ann Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

17. INFORMANT (ADDRESS): Carl Sanders, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE 2/16/39, 19

19. FUNERAL DIRECTOR (ADDRESS): Hedge-Nelson, Webb City, Missouri

20. FILED Feb. 16, 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/15/39, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1939, to Feb 15, 1939.
I last saw him alive on Feb 14, 1939. Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension myocarditis	1937
121	
Other contributory causes of importance:	
Pacemaker pneumothorax & nephritis	Jan 1939

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical 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) R. A. Webster, M. D.
(Address) Carthage Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 6-39-2-69
Date Filed MAR 10 1939

STATEMENT BY LICENSED EMBALMER

I, E. M. Hedge, Licensed Embalmer No. 2859

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed E. M. Hedge

Licensed Embalmer No. 2859

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)