

ESD OCT 12 1939

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

32390
Do not use this space.

Registered No. 680

1. PLACE OF DEATH
(a) County GREENE Registration District No. 3
(b) Township SPRINGFIELD Primary Registration District No. 200
(c) City SPRINGFIELD (d) Street No. 1201 N. Park
(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 Milton Sanders
(a) Residence, No. 625 S. Florence 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1852				
7. AGE YEARS ✓ 87	MONTHS 6	DAYS 2	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired			
	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) Nebraska 1				
FATHER	13. NAME Unknown ?			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT Mary Howell (ADDRESS) Springfield, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Sept. 5, 1939				
19. FUNERAL DIRECTOR (NAME) H.H. Rohmeyer (ADDRESS) Springfield, Mo.				
20. FILED Sept 5 1939 Chas A George MD Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	Sept. 3, 1939
22. I HEREBY CERTIFY, That I attended deceased from 8/24/39, 1939, to 8/24/39, 1939. I last saw him alive on 1939. Death is said to have occurred on the date stated above, at 10 a.m. The principal cause of death and related causes of importance were as follows: Coronary Arteriosclerosis Date of onset	
Other contributory causes of importance: Senile atrophy	
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 1939 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) A. G. Adleson M. D. (Address) Springfield	

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

1 X16805

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.....

James Osburn

Registered Apprentice No. 227

working under my personal supervision.

Signed

Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.