

NOV 24 1939

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

36747
Do not use this space.

1. PLACE OF DEATH

(a) County Newtown Registration District No. 614
(b) Township Granby Primary Registration District No. 4553 Registered No. 26
(c) City Granby (d) Street 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 Elihue Burr Sanders

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Sanders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 22, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 11 9

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. Miner
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Cassville
(STATE OR COUNTRY) Missouri

FATHER 13. NAME William Sanders

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

MOTHER 15. MAIDEN NAME Lucy Woods

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

17. INFORMANT Mary Jane Sanders
(ADDRESS) Granby, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Cemetery DATE Nov. 4 1939

19. FUNERAL DIRECTOR Thornhill-Dillon
(ADDRESS) Joplin, Mo

20. FILED Nov 1 1939 R. E. Rolous
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1939, to Nov. 1, 1939

I last saw him live on Oct 31, 1939. Death is said

to have occurred on the date stated above, 2:05 PM

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

Silicosis

Date of onset 18

Other contributory causes of importance:
Mitral Insufficiency 1939

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? _____
If so, specify _____
(Signed) R. E. Rolous M. D.
(Address) Granby Mo

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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2317

Date Filed NOV 10 1939

STATEMENT BY LICENSED EMBALMER

I, Don Titus, Licensed Embalmer No. 4008

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 Don Titus

Licensed Embalmer No. 4008

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.)