REC'D DEC 10 1939

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

39988
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper 2 Registration District No. 408
(b) Township Madison 1 Primary Registration District No. 5564 Registered No. 203
or
(c) City
(d) Street No. Rural Route 1, Carthage 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.
Unknown

2. PRINT FULL NAME John Harm Sanders
(a) Residence, No. Rural Route 1, Carthage 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Anna McCullum Sanders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18, 1900

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
38	10	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Lawrence Co. Missouri

FATHER
13. NAME John E. Sanders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Labell Co. Missouri

MOTHER
15. MAIDEN NAME Grace Patton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Missouri

17. INFORMANT Mrs. George Ritchie
(ADDRESS) Rural Routel, Carthage

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Langston Cemetery DATE 11-4 1939

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home
(ADDRESS) Carthage, Mo.

20. FILED Nov. 3 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1938, to Nov. 1, 1939
I last saw him alive on Sept 25, 1939. Death is said to have occurred on the date stated above, at 10:45 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Reticulated Sarcoma of Glands of Neck	Feb 6, 38

Other contributory causes of importance: 5 0

Name of operation Laboratory 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? 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 1239-2605
Date Filed DEC 14 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2222

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.