

APR MAY 13 1940

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

16410
Do not use this space.

1. PLACE OF DEATH 2
 (a) County North Registration District No. 903
 (b) Township Fletcher Primary Registration District No. 6212
 (c) City Grant City (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 536 Margaret O. Sanders
 (a) Residence, No. North Commercial 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 Female 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 John H. Sanders
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 13, 1846
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 2 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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 life
 12. BIRTHPLACE (CITY OR TOWN) Indianapolis (STATE OR COUNTRY) Indiana
 FATHER 13. NAME David Cook
 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____
 MOTHER 15. MAIDEN NAME Judith Wright
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____

17. INFORMANT Etta Sparks (ADDRESS) Grant City, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fletcher Cemetery DATE April 13 1940
 19. FUNERAL DIRECTOR (NAME) Arch C. Dunfee (ADDRESS) _____
 20. FILED Apr. 15 1940 C. W. McKim Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1940 1940
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1940 1940 to April 12-1940 1940.
 I last saw her alive on April 11 1940 1940. Death is said to have occurred on the date stated above, at A. M.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Date of onset 1930
Broncho Pneumonia following
Influenza 1st April 1940
 Other contributory causes of importance: HA
 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) O. L. Linton M. D.
 (Address) Peeding Iowa

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.

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..... *Arch C. Dunfee*

Licensed Embalmer No. *3250*

P. O. Address *Grant City 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.