No. 2
-4-13-40
5-17-39
PI X23159

4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34965

Registration District No. 104 Primary Registration District No. 5153 Registrar's No. 262

1. PLACE OF DEATH:

(a) County Calloway

(b) City or town Rural, Fulton Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community Eight years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Calloway

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Chestnut St. Route 6
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Thurman Sanders

3. (b) If veteran, name war Yes

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Sanders

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept (Month) 23 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	0	6 14	hr. min.

9. Birthplace Mokane (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farming 0

11. Industry or business 1

FATHER
12. Name W. R. Sanders 0
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Almira Foster
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frances Sanders
(b) Address Fulton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 9 (Day) 40 (Year)
(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Leo G. Wallace
(b) Address Fulton, Missouri

19. (a) 10/7/40 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1940 hour 8 8 minute 30 a. M.

21. I hereby certify that I attended the deceased from April 15, 1939, to Oct 7, 1940; that I last saw him alive on Oct 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 3 or more years

Due to Arterio Sclerosis

Due to

Other conditions 93 C
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 106 (Specify type of place)
While at work? (e) Means of injury

23. Signature R. N. Crews (M. D. or other) 1
Address Fulton Mo Date signed 10/7/40

(Licensed Embalmer's Statement on Reverse Side)

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 Leo G Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton Mo

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

If this body is not embalmed, fact should be so stated above.