

No. 2
13-40
17-39
X251

Registration District No. 94

Primary Registration District No. 4055

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

1. PLACE OF DEATH: Caldwell
 (a) County _____
 (b) City or town Breckenridge
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 42 yrs 2 mo 26 da
 years, months or days

3. (a) PRINT FULL NAME CLITHEROETHOBERN SANDERS
 (b) If veteran, name war _____
 (c) Social Security No. _____

4. Sex male
 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Hazel Lee Sanders
 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased Aug 7 1898
 (Month) (Day) (Year)

8. AGE: Years 42 Months 2 Days 26
 If less than one day hr. _____ min. _____

9. Birthplace Breckenridge MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Trucker

11. Industry or business 1

12. Name Mort Sanders

13. Birthplace Ind.
 (City, town, or county) (State or foreign country)

14. Maiden name Raloff

15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

16 (a) Informant Florence (Brien)
 (b) Address mooreville mo.

17. (a) Burial (b) Date thereof NOV 5 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director T. McPeak

(b) Address Breckenridge MO
 19. (a) Nov 6 1940 (b) A. P. Wilsey MD
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Caldwell
 (c) City or town Breckenridge
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
 year 1940 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from out 1 1940 to Nov 2 1940
 that I last saw him alive on out 29 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscess
Right Cerebrum (Post)
 Due to Empyema
 Due to Influenza pneumonia
 Other conditions (Include pregnancy within 3 months of death) 11a

Duration
Oct-1-40
April-40
April-40

Major findings:
 Of operations Lung drained by rib resection
 Of autopsy post Cerebrum abscess posterior

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? _____

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature A. P. Wilsey (M. D. or other) _____
 Address adulicathy MO Date signed 11/3/40

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.....

Ernest McKee

Registered Apprentice No.

working under my personal supervision.

Signed.....

Ernest McKee

Licensed Embalmer No.

3715

P. O. Address.....

Breckinridge

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, fact should be so stated above.