

STANDARD CERTIFICATE OF DEATH

16160

State File No.

Registration District No. 875

Primary Registration District No. 6962

Registrar's No. 1212

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

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Washington Town Ship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3 Nevada, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 1/2 to 7 mo 21 days
(Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME: OSCAR Wm. SANDERS

3. (b) If veteran, name war: Un Known

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Not Known

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

7. Birth date of deceased: ? ? 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>?</u>	<u>?</u>	hr. min.

9. Birthplace: Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farmer

MOTHER FATHER

12. Name: Oscar Sanders

13. Birthplace: New York
(City, town, or county) (State or foreign country)

14. Maiden name: HARRIET FOSTER

15. Birthplace: New York
(City, town, or county) (State or foreign country)

16. (a) Informant: State Hospital Records

(b) Address: NEVADA, MO

17. (a) Burial (b) Date thereof: 4/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Cemetery

18. (a) Signature of funeral director: Marshall C. ...

(b) Address: Nevada, Mo.

19. (a) April 23 1941 (b) Allen V. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo

(b) County: Stone

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

(d) Street No.: Not Known
(If rural, give location)

(e) If foreign born, how long in U. S. A.: 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd
year 1941 3 hour 45 minute A. M.

21. I hereby certify that I attended the deceased from August 24th, 1939, to April 23rd, 1941; that I last saw him alive on April 23rd, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to: HTA

Other conditions: Gen. arterio sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations: _____

Of autopsy: no

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?
795 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature: G. S. Waracick (M. D. or other) A.
Address: Nevada, Mo Date signed: 4/23/41

RECEIVED

District Health Officer No. 7,

District File Number *5-7-41* - 791

Date Filed *5-7-41*

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

Paul Eubinger

Licensed Embalmer No.

2656

P. O. Address

Nevada, 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.