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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21184**  
Registrar's No. **572**

Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
545 N. 6th.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Holt  
(c) City or town Craig  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN SANDERS

3. (b) If veteran, name war none 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 Cenia Sanders 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 12th. 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 1 9 hr. min.

9. Birthplace Morristown Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Andy Sanders

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

14. Maiden name Martha VanHooser

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

16. (a) Informant Lerlene Wilson

(b) Address 5607 Kinghill St. Joseph, Mo.

17. (a) Removal (b) Date thereof 6--21--41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Craig, Mo.

18. (a) Signature of funeral director ELEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) June 23 1941 (b) A. J. Scoble  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st.  
year 1941 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 15 1941 to June 21 1941;  
that I last saw him alive on June 21 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension 2 yrs.

Due to \_\_\_\_\_

Other conditions hypertension  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

Duration 6 mos

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) no

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. H. Kerby M.D. (M. D. or other M.D.)

Address St. Joseph, Mo. Date signed 6-27-41

**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 me

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

working under my personal supervision.

Signed.....

Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address..... St Joseph M

**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.**