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7-39
X26390

REG. DIST. 10 288

Registration District No. _____

Primary Registration District No. 5406

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Rural - Independence Towns
(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 _____ (Specify whether)
In this community 20 years (years, months or days)

3. (a) PRINT FULL NAME NANIE P. Sanders

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Geo Sanders 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 24 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Coblen (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Smith

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

14. Maiden name Smith

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

16. (a) Informant George Hurley

(b) Address Kennett, MO R.T.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Sperts Cemetery

18. (a) Signature of funeral director Paul Baldwin

(b) Address Kennett, Mo

19. (a) 11-28-41 (Date received local registrar) (b) Paul Baldwin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DUNKLIN 35
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. S. & 1/2 mi. E. of KENNETT, MO. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 26 year 1941 hour 11:57 minute 57 P.M.

21. I hereby certify that I attended the deceased from NOV to NOV 26 1941, that I last saw her alive on NOV 26 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 2 yrs.

Due to _____

Due to _____

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

Major findings: _____ -138'
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? _____

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

23. Signature Paul Baldwin (M. D. or other) 11-27-41

Address Kennett, MO Date signed 11-27-41

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

RECEIVED
District Health Office No. 2,
District File Number 1242-1696
Date Filed 12/9/41

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 *[Signature]*
Licensed Embalmer No. 2556-
P. O. Address *[Signature]*, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.