

FILED DEC 12 1941  
Registration District No. 2888

Primary Registration District No. 4412

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Frankford  
(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 45 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Frankford  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Julia Sanders Jones

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 Edgar Jones 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 27 23 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 2 20 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

MOTHER FATHER

12. Name William Newton Sanders

13. Birthplace Missouri  
(State or foreign country)

14. Maiden name Lidia Speers

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

16. (a) Informant Mrs Harold Strode

(b) Address New London Missouri

17. (a) Burial (b) Date thereof Nov 9 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford Missouri

18. (a) Signature of funeral director Field's & Son

(b) Address Frankford Missouri

19. (a) Nov-17-41 (b) Matthie Unsell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7  
year 1941 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 7 1941 to Nov 7 1941 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Acute occlusion of coronary artery. Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) 940

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? \_\_\_\_\_

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

23. Signature W. J. Jones (M. D. or other)

\*Address Frankford, Mo. Date signed 11/12/41

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2166

Date Filed DEC 10 1941

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 Jose Fields Negro

Licensed Embalmer No. 4093

P. O. Address Frankford, Pa.

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.