

JAN 10 1942 907
Registration District No.

Primary Registration District No. 6220

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Rural Pleasant Valley
(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
years, months or days

3. (a) PRINT FULL NAME Eva Ellen Sanderson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank C. Sanderson 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: Sept 11 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 3 20 hr. min.

9. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

MOTHER FATHER

12. Name John Crispin

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

14. Maiden name Mary Quinn

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

16. (a) Informant Frank E Sanderson

(b) Address Mansfield Mo

17. (a) Burial (b) Date thereof Jan 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Ave De Witt Mo

18. (a) Signature of funeral director Kelley - Ferrell

(b) Address Seymour Mo

19. (a) Jan. 3, 1942 (b) J. M. D. Short
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright

(c) City or town Rural Mansfield
(If outside city or town limits, write "RURAL")

(d) Street No. Near Mansfield
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 26 - 1941
....., 19..... to Dec 31, 19.....
that I last saw him alive on Dec 31, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to twofold due to strain from Vomiting Cholecystitis

Due to Cholecystitis

Other conditions acute Cholecystitis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations no 127a 2

Of autopsy

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?

(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 11

23. Signature Dr. J. M. D. Short (M.D. or other) Do.
Address Mansfield Mo Date signed 1/3/42

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

114
000

114
6

0

Duration
5 days

852

RECEIVED

District Health Officer No. 6,

District File Number 142-65

Date Filed JAN 8 1942

MAR 16 1942

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

R. K. Kelley

Licensed Embalmer No.

3334

P. O. Address

Delmar 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, fact should be so stated above.