V. S. No. 2
DM—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 6 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1765

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 35

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: In alley just West of Hotel Robidoux (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County White 999
(c) City or town Crossville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Vernon Joyce Sanders
3. (b) If veteran, name war No
3. (c) Social Security No 342-05-7233
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene Sanders
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Sept (Month) 12 (Day) 1910 (Year)

8. AGE: Years	Months	Days	If less than one day
31	3	28	hr. min.

9. Birthplace Crossville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Field Rep[illegible] for the
11. Industry or business Greater [illegible] of America
FATHER
12. Name William F Sanders
13. Birthplace White County (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Sarah McCurdy
15. Birthplace Crossville (City, town, or county) Illinois (State or foreign country)
16. (a) Informant William F Sanders
(b) Address Crossville Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan (Month) 10 (Day) 1942 (Year)
(c) Place: burial or cremation Crossville Illinois
18. (a) Signature of funeral director Fleeman & Sowtree
(b) Address St Joseph Missouri
19. (a) 1/11/42 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th year 1942 hour 4 minute 20 A M.
21. I hereby certify that I viewed the deceased from on Jan 10 1942 to 19 ; that I last saw [illegible] 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fracture of 2nd & 3d Cervical Vertebrae	1 day
Due to Fracture of left wrist	1 day
Due to Internal injuries of the Chest	1 day

Other conditions (Include pregnancy within 3 months of death)
Major findings: Man fell from the 8th story window of a hotel.
Of operations
Of autopsy No 186a 38

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) accident 131
(b) Date of occurrence Jan 10 - 1942
(c) Where did injury occur? St Joseph (City or town) Buch (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hotel (Specify type of place)
While at work? no (e) Means of injury Falling
23. Signature H F Mundy (M. D. or other) Coroner
Address 404 So 3d Date signed 1/11/42

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

FEB 4 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 .....

Jan 10 1941 ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed John H. O'Keeley

Licensed Embalmer No. 4050

P. O. Address St Joseph 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.