

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9600**  
Registrar's No. **1361**

FILED APR 25 1942  
Registration District No. **899**

Primary Registration District No. **10-2**

48  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City, Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Children's Mercy Hospital**  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution **2 days** (Specify whether  
In this community **Same** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates 007**  
(c) City or town **Butler** (If outside city or town limits, write "RURAL")  
(d) Street No. **R.R. # 2** (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country **1**

3. (a) PRINT FULL NAME **Sanders, Larry Foster**

3. (b) If veteran, name war. 3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased. **11 13 41**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**4 24** hr. min.

9. Birthplace **Stark City, Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

MOTHER FATHER { 12. Name **Carl Sanders**  
13. Birthplace **Stark City, Mo** (City, town, or county) (State or foreign country)

{ 14. Maiden name **Maie Hutchings**  
15. Birthplace **Fairview, Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Father**  
(b) Address **Butler, Mo RR # 2**

17. (a) **Removal** (b) Date thereof **4-7-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Fairview, Dist Cem**

18. (a) Signature of funeral director **Underwood**  
(b) Address **Butler, Mo**

19. (a) **4-6-42** (b) **M. B. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**  
year **1942** hour **9:30** minute **9** M.

21. I hereby certify that I attended the deceased from **April 4** 1942 to **April 6** 1942  
that I last saw him alive on **April 6** 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to **Diphtheria** **10**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

Duration  
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 **M. B. Crowe** (M. D. or other)  
Address **1316 Prof Bldg** Date signed **Apr 6-42**

MAY 15 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**