

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12081

FILED APR 6 1942
Registration District No. 7842

Primary Registration District No. 210

Registrar's No. 710

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL") 1
(d) Street No. R.R. #3 (If rural, give location) 3
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country 6

3. (a) PRINT FULL NAME Burr Sanders

3. (b) If veteran, name war World War #1 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Ada Sanders 6. (c) Age of husband or wife if alive? _____ years

7. Birth date of deceased Oct 31 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 29
If less than one day hr. _____ min. _____

9. Birthplace Marion Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

12. Name not known

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Black Holmes Ind

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

16. (a) Informant Government Records

(b) Address Veterans Adm. Fac., Jeff. Bks., Mo.

17. (a) Removal. (b) Date thereof 3-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corning Ark

18. (a) Signature of funeral director Black Funeral Home

(b) Address Corning Ark

19. (a) MAR 24 1942 (b) C. J. McDaniel
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1942 hour 9 IO minute A M.

21. I hereby certify that I attended the deceased from March 23, 1942, to March 29, 1942.

that I last saw him alive on March 29, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease with myocardial damage and insufficiency
Due to _____
Due to _____

Duration 7 years

Other conditions (Include pregnancy within 3 months of death) 930

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? _____

23. Signature [Signature] Chief Medical Officer (M. D. or other) 0
Address V.B.F. Jefferson Bks. Mo. Date signed 3/29/42

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

76
00

76
76

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 *Howard A. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St. Louis, 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.