S. No. 2
I—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18582

Registration District No. 5-8-0-6607 Primary Registration District No. 4-3-6-1-5806 Registrar's No. 8

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

42
0
0

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Portage Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Rural 8 Mile West of Portageville
(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 Frazer Sanders
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M 2
5. Color or race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Sanders
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased May (Month) 4 (Day) 1893 (Year)

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace Corona (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Labour
11. Industry or business
FATHER
12. Name Daniel Sanders
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace " " (City, town, or county) " 9 (State or foreign country)
16. (a) Informant Will Valley
(b) Address Portageville Mo B#2
17. (a) Wardell (Burial, cremation, or removal) (b) Date thereof May 5-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Burial Wardell
18. (a) Signature of funeral director Friends
(b) Address
19. (a) May 5-42 (Date received local registrar) (b) Edith Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1942 hour 2:00 minute P. M.
21. I hereby certify that I attended the deceased from ✓, 19✓, to ✓, 19;
that I last saw h alive on ✓, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death No Medical attendant by all record death	
Due to was due to Acute Indigestion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

118.3

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? ✓ (Specify type of place)
While at work? (e) Means of injury
23. Signature Leo Hedgepeth Deputy Coroner (M.D. or other)
Address New Madrid Mo. Date signed May 4-1942

1187 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 542-086
Date Filed 5-13-42

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 Not Embalmed, 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.