

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days.
In this community 35 yrs.
years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Fairview twp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1942 hour 8 minute 0 A. M.
21. I hereby certify that I attended the deceased from 8-21-42
1942 to 8-23-42 1942
that I last saw him alive on 8-2- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Amputation from gastric ulcer
Duration 3 days

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 117a
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Claude D. Sanson

3. (b) If veteran, name war XXX 3. (c) Social Security No. 487-14-7684

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

6. (b) Name of husband or wife Nancy F. Sanson 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Oct. 26 1906
(Month) (Day) (Year)

8. AGE: Years 35 Months 9 Days 6
If less than one day X hr. XX min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles Thomas Sanson

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

14. Maiden name Lillie Mae Walker

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

16. (a) Informant Mrs. Claude Sanson

(b) Address Avalon Mo.

17. (a) Burial (b) Date thereof 8/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling cemetery

18. (a) Signature of funeral director James D. Gordon

(b) Address Chillicothe, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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) _____ (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Chillicothe Date signed 8/27/42

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

L.C.

458

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 James D Gordon

Licensed Embalmer No. 1870

P. O. Address Lehillicothe

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24734

Registration District No. 508

Primary Registration District No. 3026

Registrar's No.

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days. (Specify whether)
In this community 35 yrs. (years, months or days)

3. (a) PRINT FULL NAME Claude O. Lannon

3. (b) If veteran, name war 3. (c) Social Security No.

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Oct 26 1916
(Month) (Day) (Year)

8. AGE: Years 35 Months 9 Days 14 (If less than one day) min.

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

10. Usual occupation

11. Industry of business

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) Aug 3 - 1942 (b) Lois Ella Corry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1942 hour 12 minute 00 P.M.

21. I hereby certify that I attended the deceased from 9 to 9, 19.....

that I last saw him alive on Aug 1, 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

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?

(Specify type of place) While at work? (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

