

Registration District No. 267

Primary Registration District No. 5400

Registrar's No. 94

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Gobler, Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days) 4 years

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

3. (a) PRINT FULL NAME Laura Sanders
 3. (b) If veteran, name war _____ 3. (c) Social Security No. No

4. Sex F 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Willie Sanders 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased June 1897
 (Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer
 11. Industry or business Domestic

MOTHER FATHER
 12. Name Ned Robinson
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Willie Sanders
 (b) Address Gobler, Missouri

17. (a) Burial (b) Date thereof 1-9-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Gobler Cemetery

18. (a) Signature of funeral director Paul Johnson
 (b) Address Funest Mo. Bldg. Helms 7. - Kansas

19. (a) 1-1-43 (b) George H. Stull
 (Date received local registrar) (Date of registration)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Oct 15 1942 to Dec 27 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
 Duration _____

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 93a
 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? _____

While at work _____ (Specify type of place)
 (a) Means of injury _____
 Signature J. R. Chapman (M. D. or other)
 Address Stull Date signed 1-1-43

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

1518-43

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 L.P. Johnson

Licensed Embalmer No. 2556-

P. O. Address Kenilworth, N.J.

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.