

FILED MAR 6 1943

Registration District No. 2

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
In this community 8 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Clinton
(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

3. (a) PRINT FULL NAME Mattie Sanders

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife George B. Sanders 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 17 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 6 hr. min.

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

10. Usual occupation at home

11. Industry or business Marian Richardson

12. Name Indiana
13. Birthplace Martha Christmas
(City, town, or county) (State or foreign country)
14. Maiden name Missouri
15. Birthplace Mrs. John Whiteman
(City, town, or county) (State or foreign country)

16. (a) Informant Sedalia Mo.
(b) Address Burial
17. (a) Burial (b) Date thereof Feb. 26 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clinton Mo.

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.

19. (a) 2-26-43 (b) Mrs. Anna Reyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23
year 1943 hour 1030 minute 10 M.

21. I hereby certify that I attended the deceased from 2/15 1943
to 2/23 1943
that I last saw h. e alive on 2/23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Shock for operation
Duration 1 day

Due to cholecystectomy
Due to cholelithiasis 6 yrs

Other conditions (Include pregnancy within 3 months of death) 126

Major findings: gall stones & obstruction of common duct
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) (c) Means of injury

23. Signature J. P. Oye (M: D. or other)
Address Sedalia Mo Date signed 2/26/43

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

664

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-3-43

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

Robert H Reed

Licensed Embalmer No.

3745

P. O. Address

Sedalia 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.