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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18683

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 128

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: 510 East 26th / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ten years (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia 80 (If outside city or town limits, write "RURAL")

(d) Street No. 510 East 26th 6 (If rural, give location)

(e) Citizen of foreign country? No 4 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Nellie Stratton Sanders

3. (b) If veteran, name war none

3. (c) Social Security No. 494-16-6198

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

6. (b) Name of husband or wife Chester E. Sanders 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 2, 1893 (Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Cooper County, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Joseph Dillard
13. Birthplace Cooper County, Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan White
15. Birthplace Cooper County, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.J. Griessen (sister)

(b) Address 409 S. New York, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Ewing Funeral Home B.E.

(b) Address Sedalia, Missouri

19. (a) April 7, 1943 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1943 hour 4:50 minute P. M.

21. I hereby certify that I attended the deceased from — 1943 to April 5 1943 that I last saw her alive on April 5 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Chronic	1 yr
Due to 93d	
Due to	
Other conditions (Include pregnancy within 3 months of death) Broncho Pneumonia following Influenza.	3 day

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. A. Beckemeier (M. D. or other) 0

Address Sedalia Mo Date signed 4/7/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Beckemeyer

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 5-19-43

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 C. J. Stirn

Licensed Embalmer No. 1407

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.