

FILED JUL 10 1943

Registration District No. 27

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town  Fulton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital No 1 21st  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 yrs om  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles R. Sanders

3. (b) If veteran, name war DK 3. (c) Social Security No. 0

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 14 1883  
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Frank Sanders  
13. Birthplace Kent England  
(City, town, or county) (State or foreign country)  
14. Maiden name Mrs. M. W. Sanders  
15. Birthplace Danville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address \_\_\_\_\_

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

(c) Place: burial or cremation Danville, Mo.

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

(b) Address Fulton, Mo.

19. (a) June 7-1943 (b) Jose Morantoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion  
(c) City or town Oakwood 14  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
year 1943 hour 10-21 minute 0 M.

21. I hereby certify that I attended the deceased from 2/16/43 1943 to 6/2/43 1943  
that I last saw him alive on 6/2/43 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 5 months

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
5 months  
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) (e) Means of injury 0

23. Signature George W. Russ (M. D. or other) MD  
Address Fulton, Mo. Date signed 6/2/43

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

14  
1  
2

1161

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**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.....

*Albert E. White*

Licensed Embalmer No.....

*4168*

P. O. Address.....

*Hutton, 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.**