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1943 AUG 7 District 1943-17

Primary Registration District No. 3008

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 m 15 d (Specify whether years, months or days)

In this community 2 m 15 d

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

(c) City or town Moscow Mills
(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 Thomas Sanders

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Thomas Sanders

6. (c) Age of husband or wife if alive 41 1/2 years

7. Birth date of deceased July 16 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>10</u>	<u>23</u>	_____ hr. _____ min.

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

10. Usual occupation R R Laborer

11. Industry or business

12. Name George Sanders

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

14. Maiden name Sally Crews

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

16. (a) Informant Record

(b) Address _____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/9/43
(Month) (Day) (Year)

(c) Place: burial or cremation Froy, Mo

18. (a) Signature of funeral director Lead G. Haller

(b) Address Fulton, Missouri

19. (a) July 9 - 1943 (Date received local registrar) (b) Joe Moschetti (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1943 hour 2 minute u M.

21. I hereby certify that I attended the deceased from 7/11/43 to 7/19/43

that I last saw him alive on 7/19/43 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to _____

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

Major findings: Of operations 83a1

Of autopsy _____

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 _____

23. Signature George H. News (M. D. or other) M.D.

Address Fulton Mo Date signed 7/9/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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..... *Geo B Wallace*

Licensed Embalmer No. 3373

P. O. Address..... *Fulton MD*

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.