

LED JUL 30 1943

Registration District No. 77

Primary Registration District No. 3008

14
2

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

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 3 months + 3 days
(Specify whether years, months or days)

In this community 3 months + 3 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Porter Sanders

3. (b) If veteran, name war.

3. (c) Social Security No. none

4. Sex Male 5. Color or race Black

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

6. (b) Name of husband or wife Eda Sanders

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased. July 23 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

31 10 16 hr. min.

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

10. Usual occupation Farmer

11. Industry or business.

MOTHER FATHER

12. Name George Sanders

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

14. Maiden name Kate

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

16. (a) Informant Records of State Hospital No. 1

(b) Address Fulton, Mo.

17. (a) Removal (b) Date thereof July 19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director Missouri

(b) Address New Madrid, Mo.

19. (a) July 19 1943 (b) Josie Morandoff
(Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Marston 21.
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1943 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from April 6, 1943, to July 9, 1943;
that I last saw him alive on July 9, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary abscesses, left Duration 10 days

30 hr

Due to

Due to ① Exudative pleuritis, left
② Acute hemorrhagic bronchitis
③ Psychosis with
suppurative meningitis (general paresis)

Other conditions Psychosis with
(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy Multiple abscesses of left lung,
absent evidence of left pleura, etc.

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

23. Signature Forest Thomas (M. D. or other) M.D.

Address State Hosp No. 1, Fulton Date signed 7/18/43

JUL 30 1954

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Leo Hedgepeth*

Licensed Embalmer No. *3803*

P. O. Address *New Market, 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.