No. 2
—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32304

State File No.

FILED OCT 11 1943

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

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

(d) Street No. 217 Delaware
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Alex Sanders

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife Mamie Gunn

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sep 8 (Month) 1875 (Day) (Year)

8. AGE: Years 68 Months 0 Days 6 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Phoenix Sanders
13. Birthplace Pike County (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Amanda Walker
15. Birthplace Richmond (City, town, or county) Va (State or foreign country)

16. (a) Informant James Sanders
(b) Address Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview

18. (a) Signature of funeral director F C Haley
(b) Address Louisiana Mo

19. (a) 9-25-43 (Date received local registrar) (b) F C Haley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 24 year 1943 hour 4 minute 30 p M.

21. I hereby certify that I attended the deceased from Aug 1943 to Sept 1943 that I last saw him alive on Sept 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to [redacted]

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 none

(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 (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Louisiana Mo Date signed 9/25/43

1169

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1943

RECEIVED
District Health Officer No. 10
District File Number 10-43-1680
Date Filed OCT 8 1943

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~~ George O. Wagner, Registered Apprentice No. ..... working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.