

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38924

FILED DEC 9 1943

State File No. _____

Registration District No. 282

Primary Registration District No. 3055

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Falk

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

(c) Name of hospital or institution:
West Part of Balvian
(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)

Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Falk 84

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

(d) Street No. West Part of Balvian
(If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME Milford Lon Sanders

3. (b) If veteran, name war None

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1943 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 4:30 P.M.
_____ 19____, to _____ 19____;

that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan. 24, 1937
(Month) (Day) (Year)

Immediate cause of death Unavoidable Accident

Due to _____

Due to _____

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

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

6 2 27 hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Paul Sanders

13. Birthplace Falk County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Dams

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Paul Sanders

(b) Address Balvian MO

17. (a) Burial, cremation, or removal _____ (b) Date thereof April 23, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 4-20-43

Where did injury occur? Balvian Falk MO
(City or town) (County) (State)

Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway

While at work? _____ (Specify type of place)

23. Signature Barbette C. Cowan
(Name of physician or other)

Address Balvian MO Date signed 4-30-43

18. (a) Signature of funeral director Erwin Blue

(b) Address Balvian MO

19. (a) Nov 30, 1943 (b) Alice Palen
(Date received local registrar) (Registrar's signature)

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

1244

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-43-1321
Date Filed 12-7-43

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 Willard B. Erwin
Licensed Embalmer No. 3092
P. O. Address Delmar, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec.

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Park
(b) City or town Bolivar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

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

3. (a) PRINT FULL NAME Milford C. Sanders

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 24 1935
(Month) (Day) (Year)

8. AGE: Years 6 Months 2 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 20
Year 1943 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Unavoidable
Accident

Due to Child playing on dirt surface or dirt, packed with large rocks

Due to it was driving behind a tractor. Accident occurred on shoulder of state maintained highway

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

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) Accident

(b) Date of occurrence _____

(c) Where did injury occur? State maintained highway
(City, town, or county) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ray Pitts - Coroner (M. D. or other)

Address Bolivar, Mo Date signed 12-21-43

SUPPLEMENTAL

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

38924