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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7749
Registrar's No. 76

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County... Marion

(b) City or town... Hannibal

(c) Name of hospital or institution:
1202 Paris Avenue /

(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 Missouri (b) County Marion 64

(c) City or town Hannibal 3

(If outside city or town limits, write "RURAL") 7

(d) Street No. 1202 Paris Avenue

(If rural, give location)

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

If yes, name country _____ 0

3. (a) PRINT FULL NAME John Earl Sanderson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Addie Sanderson 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 20, 1876 (Month) (Day) (Year)

8. AGE: Years 68 Months 25 Days _____ If less than one day hr. _____ min.

9. Birthplace Bedford County Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Engineer Retired

11. Industry or business Retired

12. Name John Earl Sanderson

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

14. Maiden name Lucy

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

16. (a) Informant Mrs. J. E. Sanderson

(b) Address 1202 Paris Avenue Hannibal

17. (a) Burial (b) Date thereof 2/21/44 (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Wm M. Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 2/24/44 (b) R. W. Connor (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1944 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb. 18 to Feb. 20 1944 that I last saw him alive on Feb. 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 10 days

Due to Parkinson's disease 154.

Other conditions (Include pregnancy within 5 months of death) JJK

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) _____

(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 Wm M. Smith (M. D. or other) _____

Address Hospital St. Date signed 2/27/44

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 T. Bond

Registered Apprentice No. 350

working under my personal supervision.

Signed

Wm M. Smith

Licensed Embalmer No. 1204

P. O. Address. Hannibal Missouri

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.

4-18-11