

FILED APR 12 1944

State File No. _____

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 714 Burkholder
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph

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

(d) Street No. 714 Burkholder
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Archie Sunderland

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 28, year 1944 hour 8:30 minute A.M.

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

6. (b) Name of husband or wife Anna Sunderland 6. (c) Age of husband or wife if alive 69 years (Day) (Year)

7. Birth date of deceased: June 2 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 31/44 to March 28/44; that I last saw him alive on March 27/44, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis Duration months

8. AGE: Years 74 Months 8 Days 26 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 9321

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Doct. Know

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

14. Maiden name Doct. Know

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

16. (a) Informant Mrs. Anna Sunderland

(b) Address 714 Burkholder - Moberly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 30 1944 (Month) (Day) (Year)

(c) Place of burial or cremation Oakland - Moberly

18. (a) Signature of funeral director C. C. Lopez

(b) Address Clarence

19. (a) 3/30/44 (Date received local registrar) (b) Trina Howe (Registrar's signature)

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) No

(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 case) (e) Means of injury _____

23. Signature R. E. Hyde (M. D. or other) _____ Address Moberly, Mo. Date signed 3/29/44

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

MAY 4 1944

RECEIVED

District Health Officer No. 10

District File Number 4-44-804

Date Filed APR 11 1944

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 Louis E. Hopper
Licensed Embalmer No. 276

P. O. Address Clarence 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.