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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20844

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2667

1. PLACE OF DEATH: (a) County Jackson (b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: K.C General Hosptial # 1 (If not in hospital or institution, write street number or location) 0 (d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days) In this community 12 years

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Jackson 48 (c) City or town Kansas City 3 1826 Norton (If outside city or town limits, write "RURAL") 8 (d) Street No. (If rural, give location) (e) Citizen of foreign country? (Yes or No) 0 If yes, name country

3. (a) PRINT FULL NAME Sanders, Norman Earl

3. (b) If veteran, name war No 3. (c) Social Security No. 495-05-4085

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Hammond Sanders 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased March 23, 1917 (Month) (Day) (Year)

8. AGE: Years 27 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Couch (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Defense Worker (Machinist)

11. Industry or business Ford Motor Plant

FATHER 12. Name George E. Sanders 13. Birthplace Alton (City, town, or county) Mo. 0 (State or foreign country)

MOTHER 14. Maiden name Orla Pearl Couch 15. Birthplace Couch (City, town, or county) 0 Mo. (State or foreign country)

16. (a) Informant Mrs. Pearl Sanders (b) Address 1826 Norton, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27-44 (Month) (Day) (Year) (c) Place: burial or cremation Forest Lawn Cemetery

18. (a) Signature of funeral director Shell Funeral Home (b) Address 6606 Indep. Ave. K.C.Mo.

19. (a) 6-26-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1944 hour 5 minute 25A M.

21. I hereby certify that I attended the deceased from June 20, 1944 to June 24, 1944; that I last saw him alive on June 24, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Toxic Nephritis	4
Due to Hypoplastic Anemia	
Due to Sulfonamide sensitiveness	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 130	
Of autopsy See Above	

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

23. Signature A. E. Usher (M. D. or coroner) M.D.
Address 22 McCoy Date signed 6/24/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.