

S. No. 2
DOM-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34379

State File No. _____

FILED NOV 8 1944

Primary Registration District No. 5562

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Iron - Rural - Arcadia
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 5 yrs 8 mo 24 day
(Specify whether years, months or days)

In this community 5 years - 4 mo 8 24 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Arcadia - Rural 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1/2 Miles East on Highway # 70
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James Maizelee Sanderson

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 22
year 1944 hour 11:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from Oct. 10th
1944 to Oct. 23rd 1944

that I last saw him alive on Oct. 23, 1944
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 Widower

6. (b) Name of husband or wife Abbie Phillips

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

7. Birth date of deceased: August 25, 1850
(Month) (Day) (Year)

Immediate cause of death: acute Bro. lateral
transverse neuronia 10/23/44

Due to acute naso-pharyngitis 10/10/44

Due to _____

8. AGE: Years 94 Months 1 Days 28
If less than one day _____ hr. _____ min.

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

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

Major findings: 107.

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Thomas N. Sanderson

13. Birthplace Do not know Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Drummond

15. Birthplace Do not know VA
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. H. Bussney

(b) Address Ironton, Mo.

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? _____

17. (a) burial (b) Date thereof 10-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton mo.

19. (a) Nov 1, 1944 (b) Madeline C. Howard
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury D

23. Signature R. E. Farland (M. D. or other) 2m 20

Address Ironton, mo Date signed 10/1 1944

1365

(Licensed Embalmer's Statement on Reverse Side)

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

47
00

RECEIVED

Health Officer No. 4

District File Number 1144-4505

Date Filed 11-7-44

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *Arnell White*.....

Licensed Embalmer No. *3012*.....

P. O. Address *Porter Ave*.....

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.