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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILL NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24937

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 157

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

1. PLACE OF DEATH:

(a) County DODAWAY  
 (b) City or town Maryville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Frances Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 (Specify whether  
 In this community 79 yrs years, months or days)

3. (a) PRINT FULL NAME Archer Dennis Saunders

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 W

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

7. Birth date of deceased MAY 18- 1865  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Andrew Co Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Archer Dennis Saunders

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

14. Maiden name ETIENNA HAYVEY

15. Birthplace Howard Co Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr Herbert Saunders

(b) Address 21 Whitesville Mo

17. (a) B. (b) Date thereof 10-19-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitesville

18. (a) Signature of funeral director S. B. Brest

(b) Address Lawsman Mo

19. (a) Oct 16 1944 (b) Archer D. Saunders  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
 (c) City or town Whitesville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes) No) \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1944 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 11 to Oct 15, 1944

that I last saw him alive on Oct 15 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Uremia  
Chronic Nephritis  
Chronic Myocarditis  
Hypertension + general atherosclerosis  
Arteriosclerosis  
Sarcoid

Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 W. P. Fisher (M. D. or other) \_\_\_\_\_  
 Address Maryville Mo Date signed 10-16

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1344

(Licensed Embalmer's Statement on Reverse Side)

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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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.**