

S. No. 2
M-8-43
v. 5-17-39
X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38536**
Registrar's No. **355**

FILED DEC 8 1944
Registration District No. **274**

Primary Registration District No. **4405**

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

1. PLACE OF DEATH:

(a) County **PETTIS**

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

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

(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)

In this community **43 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PETTIS**

(c) City or town **GREEN RIDGE**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME **CORA BELLE SANDERS**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **JAKE SANDERS**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **12 - 10 - 1880**
(Month) (Day) (Year)

8. AGE: Years **63** Months **10** Days **14**

If less than one day hr. _____ min. _____

9. Birthplace **ZIONVILLE INDIANA**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

12. Name **C. L. BOWERS**

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

14. Maiden name **MARGARET HALL**

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

16. (a) Informant **JAKE SANDERS**

(b) Address **GREEN RIDGE, Mo.**

17. (a) **BURIAL** (b) Date thereof **10 26 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GREEN RIDGE, Mo.**

18. (a) Signature of funeral director **Gillespie**

(b) Address **SEDALIA**

19. (a) **10/26/44** (b) **Anna Berger**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **24TH**
year **1944** hour **10** minute **25** P. M.

21. I hereby certify that I attended the deceased from **May 10**, 1944, to **October 24**, 1944
that I last saw her alive on **October 24**, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocardial Disease**

Due to _____

Due to _____

Other conditions **Diabetes Mellitus**
(Include pregnancy within 3 months of death)

Major findings **Hypertension**

Of operations _____

Of autopsy **01**

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)

(c) Means of injury **0**

23. Signature **H. A. Hite** (M. D. or other) **M.D.**
Address **Green Ridge Mo** Date signed **11/26/44**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1022

NOV 13 1948

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 12-7-48

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 Geo Deiland
Licensed Embalmer No. 3868
P. O. Address Sidaco

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.