

FILED APR 10 1945  
Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Pennicott  
(b) City or town Hayt  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether)  
In this community 20 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pennicott 78  
(c) City or town Hayt 73  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country K

3. (a) PRINT FULL NAME

James Sanders

(b) If veteran, name war No

(c) Social Security No. No

4. Sex M 5. Color or race Col.

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

6. (b) Name of husband or wife Nancy Sanders

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased (Month) (Day) (Year)  
Don't know

8. AGE: Year alt 78 Months Days If less than one day  
hr. min.

9. Birthplace Pennicott Point (City, town, or county) Miss (State or foreign country)

10. Usual occupation Farm Worker

11. Industry or business

MOTHER FATHER

12. Name John Sanders

13. Birthplace Oak Bend (City, town, or county) Miss (State or foreign country)

14. Maiden name Ella Daniels

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

16. (a) Informant Nancy Sanders

(b) Address Hayt 510

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-45

(c) Place: burial or cremation Hayt Cemetery

18. (a) Signature of funeral director James Sanders

(b) Address St. Louis

19. (a) 3-6-45 (Date received local registrar) (b) J. J. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1945 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Only on the 8, Feb 1945 to 19; that I last saw him alive on Feb. 8th 1945; and that death occurred on the date and hour stated above. Immediate cause of death Apoplexy Duration

Due to Arteriosclerosis

Due to Unknown, no blood test

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations 1 Of autopsy No 83

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. D. Reider (M. D. or other) Address Portageville, Mo. Date signed Feb. 11, 45

3-45-71

**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..... *John H. German* .....

Licensed Embalmer No. *4355* .....

P. O. Address, *Steele, 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.**