

**FILED NOV 19 1945** STANDARD CERTIFICATE OF DEATH

State File No. **37058**

Registration District No. 101

Primary Registration District No. 4173

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Douglas

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Jesse L. Sanders

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased January 20, 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>29</u>	_____ hr. _____ min.

9. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer, Marchant, Mail Carrier

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

12. Name Elias Sanders

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

14. Maiden name Jane Moore

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

16. (a) Informant J. D. Jenkins

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 9-20-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) Oct 29 45 (b) Wesley Bushman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

(c) City or town Ava  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19  
year 1945 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 14 only, 1945 to July 19, 1945  
that I last saw him alive on July 14, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Dissected heart - mitral stenosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

PHYSICIAN

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature J. D. Jenkins (M. D. or other) \_\_\_\_\_  
Address Ava, Mo Date signed \_\_\_\_\_

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 1145-1098

Date Filed NOV 14 1945

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 W.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Am. Md

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.