S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 4907

FILED MAR 7 1946

Registration District No. 62

Primary Registration District No. 4108

Registrar's No. 3

**1. PLACE OF DEATH:**

(a) County Cedar

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

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

(d) Length of stay: In hospital or institution XXX (Specify whether
In this community All of life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cedar 20

(c) City or town Stockton, Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. XXXX 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country XXXXX

**3. (a) PRINT FULL NAME** SARAH ISABELL SANDERS

3. (b) If veteran, name war XXX d

3. (c) Social Security No. XXXXXX

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife John W. Sanders

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July (Month) 24 (Day) 1866 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 79 | 6 | 7 | X hr. X min. |

9. Birthplace Stockton, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXX

FATHER
12. Name William C. Thornton
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mervia Lovell 1
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant John Thomas 1
(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 3 (Day) 46 (Year)
(c) Place: burial or cremation STOCKTON CEMETERY

18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address Stockton, Missouri

19. (a) 3-1-46 (Date received local registrar) (b) Geneva Garrison (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 31
year '46 hour 10 minute A M.

21. I hereby certify that I attended the deceased from 1-12-13, 1945, to 1-31-, 1946
that I last saw her alive on 1-31-, 1946
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Lobar pneumonia | days |
| Due to Myocardial failure | days |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy 108

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 Wm B Richter (M. D. or other) 0
Address Stockton, Mo. Date signed 2-8-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 7,

Number 2-46-150

Date Filed 3-6-46

## 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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.**