No. 2
—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5125

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 77

1. PLACE OF DEATH:

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 209 Eastwood 2
(If rural, give location)

(e) Citizen of foreign country? NO 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Frank Sanders

3. (b) If veteran, name war X

3. (c) Social Security No. 492-01-4104

4. Sex male D

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

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

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

7. Birth date of deceased January 15, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	0	15	hr. min.

9. Birthplace Dyersburg, Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name James Sanders
13. Birthplace Unknownn Tenn. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bell Woodard
15. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jeanette Sanders
(b) Address Caruthersville, Mo.

17. (a) Removal (b) Date thereof 1/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. S. Smith Funeral Hom
(b) Address Caruthersville, Mo.

19. (a) 2-4-46 (b) Earl Husband
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 30
year 46 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1-29-46, 19..., to 1-30-46, 19...;
that I last saw him alive on 1-30-46, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	3 wks
Pulmonary Edema	2 wks
Due to Coronary Disease	1 year
Due to Arteriosclerosis	—
Other conditions Nephritis Chronic (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 O

23. Signature S. R. Presnell M.D. (M. D. or other) 1-30-46
Address Kennett, Mo Date signed

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 346-315
Date Filed 3/6/46

JUL 11 1950

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 Lee Ford, Registered Apprentice No. 386, working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.