

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8922

FILED APR 10 1948

State File No. _____

Registration District No. 16

Primary Registration District No. 5-31-3

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Dallas, Red Top, P.D. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1/2 mile North of Fair Grove
(If not in hospital or institution, write street number or location)

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

In this community 8 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas

(c) City or town Red Top, P.D. 1 - Jackson
(If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 mile No. Fair Grove
(If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME THOMAS MILTON SANDERS

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3, year 1946 hour 7:30 minute P. M.

4. Sex m 5. Color or race w

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

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased: December 14 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 26, 1945 to Feb 3 1946

that I last saw him alive on Feb 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia Duration 7 days

8. AGE: Years 74 Months 1 Days 2 hr. _____ min. _____

9. Birthplace: Rushville Ill
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Sanders

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

14. Maiden name Mary Slaty

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

Major findings: Of operations _____

Of autopsy 108

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lorraine Sanders

(b) Address Red Top, P.D. 1

17. (a) Burial (burial, cremation, or removal) (b) Date thereof Feb 5, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Erwin Blue

(b) Address Dallas, Mo.

19. (a) 4-2-1946 (Date received local registrar) (b) Erwin Blue (Registrar's signature)

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) (e) Means of injury 2

23. Signature Stage Garrison (M. D. or other) MD

Address Fair Grove, Mo. Date signed 2/18/46

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

MOTHER FATHER

RECORDED

D:

District File Number 3-46-259
Date Filed 4-10-46

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed

Chas. J. Foster

..... Licensed Embalmer No. 4154

..... P. O. Address Bolivar, 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.