

No. 2
DOM-5-43
ev. 5-17-39
I. X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19625

FILED JUL 15 1946

State File No.

Registration District No.

Primary Registration District No. 3007

Registrar's No. 209

1. PLACE OF DEATH:

(a) County BUTLER

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

(c) Name of hospital or institution:
POPPLAR BLUFF, MO. (2)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY
(Specify whether)

In this community 3.0 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUTLER 12

(c) City or town POPPLAR BLUFF 7
(If outside city or town limits, write "RURAL") 3

(d) Street No. 969 LESTER
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME GILBERT EARL SANDERS

3. (b) If veteran, name war WORLD #2

3. (c) Social Security No. 493-57-1626

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17TH
year 1946 hour 8 minute 50 AM

4. Sex MALE () 5. Color or race WHITE

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

6. (b) Name of husband or wife PAULINE SANDERS

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 16, 1946 to June 17, 1946
that I last saw him alive on June 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

8. AGE: Years Months Days If less than one day

32 0 25 hr. min.

Due to Paralysis of Respiratory Center

Due to Trauma due to fall, ~~down~~ into shallow water broke neck

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

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

10. Usual occupation CHAUFFEUR

11. Industry or business TAXI

MOTHER FATHER { 12. Name UNKNOWN 9

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

14. Maiden name UNKNOWN 9

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy 1959 40

16. (a) Informant PAULINE SANDERS

(b) Address POPPLAR BLUFF MO

17. (a) BURIAL (b) Date thereof 6/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN CEM.

18. (a) Signature of funeral director ERANK-COTRELL

(b) Address POPPLAR BLUFF MO

19. (a) 6-28-46 (b) W. H. Minette
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 128

(b) Date of occurrence 6-16-46

(c) Where did injury occur? Poplar Bluff Butler, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place - Keweenaw
While at work? No (Specify type of place)

(e) Means of injury stop

23. Signature: H. H. Henrickson (M. D. or other) M. D.

Address Poplar Bluff, Mo. Date signed 6-24-46

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

RECEIVED

District Health Office No.

District File Number 746-82

Date Filed 7-9-46

APR 2 1946

AUG 15 1946

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 Howard G. Rodgers

Licensed Embalmer No. 4386

P. O. Address Poplar Bluff 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.