

No. 2
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26106

State File No. _____

FILED JUL 16 1946
Registration District No. 372

Primary Registration District No. 4543

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: _____
1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster ¹¹²

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

(d) Street No. Rout 4 ⁰
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rosie Anna Sanders

'3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Nolan H. Sanders 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 18 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Cedar Co. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Nolan H. Sanders

(b) Address Seymour Mo. Rout 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 10 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Seymour Cemetery

18. (a) Signature of funeral director Kelley Ferrall Bergman

(b) Address Seymour Mo.

19. (a) June 00 (b) Gilbert Jones
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1946 hour 1:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 20 1946 to June 18 1946
that I last saw h.e.r. alive on May 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Myocardial Degeneration 1 yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 938

Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. Kree (M. D. or other) 2-10
Address Seymour Mo. Date signed 6/9/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 746-742
Date Filed JUL-12-1946

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 J. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.