S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33756

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4197

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
5331 South Benton /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5331 South Benton 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas P. Sanderson

3. (b) If veteran, name war No

3. (c) Social Security No. unknown

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Mary Sanderson

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October 22, 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
45	11	10	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Sanderson /
13. Birthplace Columbia, Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Trigg
15. Birthplace Jefferson City, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Sanderson
(b) Address 5331 South Benton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/46
(Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia Ave

19. (a) 10-4-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd
year 1946 hour 4 minute 20 P M.

21. I hereby certify that I attended the deceased from 7th September, 1946 to 8th October, 1946
that I last saw him alive on 2nd October, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	1 year
Due to Arteriosclerosis ??	10 years
Due to	
Other conditions Nephrosis (Include pregnancy within 3 months of death)	1 month

Major findings:
Of operations None 9 3rd
Of autopsy None

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 0

23. Signature Harry T. Fleed (M. D. or other)
Address 5138 Belleville Road Date signed 4 Oct '46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lloyd
Lo. 3326
We 1290
5138 Belinder office

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 D. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.