

S. No. 2
DM-5-43
v. 5-17-39
X36671

State File No.

FILED NOV 7 1946
Registration District No. 360

Primary Registration District No. 62243076

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Vernon NEVADA
(b) City or town Beatty Center Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In Mr. Lovers office 3
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon MO
(c) City or town Nevada RFD
(If outside city or town limits, write "RURAL")
(d) Street No. RFD Center Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruth Janett Sanders

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

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

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

7. Birth date of deceased Aug 27 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 27 hr. min.

9. Birthplace Nevada Mo
(City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business _____

MOTHER FATHER

12. Name W.P. Sanders by _____

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

14. Maiden name Alma Maus

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

16. (a) Informant Mrs. W.P. Sanders

(b) Address Nevada Mo. RFD

17. (a) Burial (b) Date thereat Oct 27 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore's Cemetery on farm

18. (a) Signature of funeral director W.P. Sanders
(b) Address Nevada Mo

19. 10-30-46 (b) Walter Yancey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Oct 24
_____, 1946, to 10/24, 1946
that I last saw her alive on Oct 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death The child fell from its bed and was dying when they brought it to my office possibly a broken neck
Due to _____
Due to _____

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

Major findings:
Of operations: _____
Of autopsy: 1867 19

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

(a) Accident, suicide, or homicide (specify) Accident 109
(b) Date of occurrence Oct 24 1946
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm
While at work? _____ (Specify type of place)
(e) Means of injury fall

23. Signature J.H. Love (M. D. or other) ✓
Address Nevada, Mo. Date signed _____

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

34723

RECEIVED
District Health Officer No. 7
District No. 10-46-2027
Date Filed 11-10-66

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 Allen S. Kays

Licensed Embalmer No. 1968

P. O. Address Quada 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.