

FILED FEB 17 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3838

State File No. _____

Registration District No. 2

Primary Registration District No. 5078

Registrar's No. 136

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

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Platte
(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 92 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Platte Township
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5
year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from
2-4, 1947, to 2-5, 1947
that I last saw him alive on 2-5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Duration _____

Due to _____

Due to _____

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

Major findings: 94A
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 Dr. E. M. Reynolds (M. D. or other) _____

Address Union St. Mo Date signed 2-6-47

3. (a) PRINT FULL NAME Ovis Buchanan Saunders

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S W

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

7. Birth date of deceased Dec 25 1854
(Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Archie Dennis Saunders

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

14. Maiden name unknown

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

16. (a) Informant John Saunders

(b) Address Rea, mo

17. (a) BURIAL (b) Date thereof 2-7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitesville

18. (a) Signature of funeral director E. C. Breet

(b) Address Savannah mo

19. (a) 2-6-47 (b) Lillian Parks
(Date received local registrar) (Registrar's signature)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *E. C. Breit*.....

Licensed Embalmer No. *2650*.....

P. O. Address *Savannah 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.