V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12873

Registration District No. 72 Primary Registration District No. 5-289 Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Winwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Speedway Club, Winwood 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town North Kans. City, Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2105 Buchanan 1
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME PETE SANDERS

3. (b) If veteran, name war World #2
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Birth date of deceased Dec. (Month) 5 (Day) 1925 (Year)

8. AGE:

Years	Months	Days	If less than one day
21	3	18	X hr. X min.

9. Birthplace Malden (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business Johnson Nursie

FATHER
12. Name Ed Johnson 0
13. Birthplace Sikeston (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizbath McNeal
15. Birthplace Malden (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Ed Johnson
(b) Address 2105 Buchanan N.K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation East Slope Cem. NKC
18. (a) Signature of funeral director Morton Smith's F.H.
(b) Address 832 Armour Rd. N.K.C., Mo.
19. (a) Apr 9th 1947 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23
year 1947 hour 12:45 minute 9 M.
21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Gun Shot by 32 Revolver in hands of Geo. Bennie
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) Gun Shot 32 Revolver in hands of Geo. Bennie
(b) Date of occurrence 3-23-27
(c) Where did injury occur? Hiway No. 102 Mi. N.Y. N.K.C. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place, (Speedway Tavern) (Specify type of place)
While at work? (e) Means of injury
23. Signature R.W. Prather Coroner (M. D. or other)
Address Excelsior Springs Mo Date signed 3-24-47

63

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 4-17-47

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 Chester L. Fleming, Registered Apprentice No. 147, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City M

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.