No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23838

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 202

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dunklin 35
(c) City or town: Kennett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 700 Whitney 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: George Washington Sanders
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dora Sanders
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: March (Month) 10 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	4	0	hr. min.

9. Birthplace: Unknown (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: —
FATHER
12. Name: W. H. Sanders
13. Birthplace: Arkansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Wm. H. Sanders
(b) Address: 700 Whitney, Kennett, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Stanfield Cemetery
18. (a) Signature of funeral director: Landers Funeral Home
(b) Address: Campbell Mo
19. (a) 7-15-1947 (Date received local registrar) (b) Earl Hurlbut (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1947 hour minute 2:15 P.M.
21. I hereby certify that I attended the deceased from July 10, 1947 to July 10, 1947
that I last saw him alive on July 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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:
23. Signature: D. T. Dempsey (M. D. or other)
Address: Kennett Mo Date signed 7-10-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 147-997
Date Filed 2-12-47

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.