

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27555

State File No.

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution:
St. Mary's of the Ozarks
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 3 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Duncan Stewart Saunders

3. (b) If veteran, name war.

3. (c) Social Security No. 493-05-9131

4. Sex male white
5. Color or race

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

6. (b) Name of husband or wife Selma Saunders

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 27, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>3</u>	<u>17</u>	hr. min.

9. Birthplace Adams county, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Shop

11. Industry or business

12. Name John Saunders

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

14. Maiden name Mary R. Fleming

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

16. (a) Informant Mrs. Selma Saunders

(b) Address Arcadia, Missouri

17. (a) removal (b) Date thereof August 15, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton, Mo.

19. (a) 8-18-47 (b) Archie Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1947 hour 1.07 minute A. M.

21. I hereby certify that I attended the deceased from 7-23-47, 19... to 8-14-47, 19...
that I last saw him alive on 8-14-47, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Bronchial Pneumonia
acute
Due to Generalized Peronitis

Duration 8-13-47-??

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

Major findings: Appendectomy 7-23-47
gangrenous appendix

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? A

While at work?

(e) Means of injury

23. Signature J. E. Harland (M. D. or other) M.D.

Address Ironton, Mo. Date signed 8-14-47

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

RECEIVED

District Health Officer No. 4

District File Number 847-108

Date Filed 8-22-47

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 Arnold J. White

Licensed Embalmer No. 3412

P. O. Address Boston, Mass

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.