

FILED SEP 10 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28528

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town Caruthersville
(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 16 yrs (Specify whether years, months or days)
In this community 16 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL.")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sam Sanders

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race Col

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

6. (b) Name of husband or wife Mary Sanders

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt 92 hr. min.

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

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Vivale Barber
(b) Address Caruthersville Mo

17. (a) Burial (b) Date thereof 8-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville Mo

18. (a) Signature of funeral director J. L. Sherman
(b) Address St. Louis

19. (a) 9-4-1947 (b) Wesley B. Thies
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29, 1947
year 1947 hour 10:51 minute 5 AM

21. I hereby certify that I attended the deceased from 7-1-47 to 8-29-1947
that I last saw him alive on 7-29-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
of the liver
Duration 8 mos.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 5/10

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? 0

While at work? (Specify type of place) _____
(e) Means of injury _____

23. Signature D. W. Cook (M. D. or other)
Address Caruthersville, Mo Date signed 8-29-47

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

9-47-260

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.....

John St. German

Licensed Embalmer No. *4355*

P. O. Address. *Hayti Mo. Box 42*

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.