S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38678

FILED NOV 22 1947

Registration District No. 756 Primary Registration District No. 2001 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hosp ays 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 47
(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")
(d) Street No. 2I2I Wall st. 5 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John J. Saunders
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Lillian
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased October 17 1878 (Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Lawerence Co. Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation City Engineer
11. Industry or business same
FATHER
12. Name John Jasper Saunders
13. Birthplace Lawerence Co. Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Chapman
15. Birthplace Indiana 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lillian Saunders.
(b) Address 2I2I Wall st.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview cemetery
18. (a) Signature of funeral director Hurlbut Mortuary
(b) Address Joplin Mo
19. (a) 10-2-47 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature) 170

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27 year 1947 hour 12- minute 55 PM M.
21. I hereby certify that I attended the deceased from Sept. 24, 1947 to Sept. 27, 1947 that I last saw b..... alive on ....., 19.... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 948	
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 0
23. Signature V.E. Kenney M.D. (M. D. or other)
Address 205 Joplin Mo Date signed Oct-1-47

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

47-11-851

APR 9 1948

FEB 14 1956

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.