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 JAN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1779

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 5

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1306 Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1306 Broadway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

64
3
4
0

3. (a) PRINT FULL NAME OTTO J. SANDERS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Goldie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 4 (Day) 1884 (Year)

8. AGE: Years 63 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Rock Port (City, town, or county) Ill (State or foreign country)
10. Usual occupation Maintance Man
11. Industry or business International Shoe Co
FATHER
12. Name John S. Sanders
13. Birthplace — (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Mary J. Billings
15. Birthplace — (City, town, or county) Mo (State or foreign country)
16. (a) Informant Goldie Sanders
(b) Address 1306 Broadway Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Pitts Field Ill
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 1-6-48 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd year 1948 hour minute 4a M.

21. I hereby certify that I attended the deceased from June, 1948 to Jan 3rd, 1948 that I last saw him alive on Jan 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary thrombosis — 20 hrs.
Due to
Due to Hypertensive heart disease
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 E. A. Porter BSDD (M. D. or other)
Address 412 Center St Hannibal, Mo Date signed 1-5-48

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

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.