

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1948

Registration District No. 247THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHPrimary Registration District No. 4366

5617

State File No.

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Granley mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME MARY F. SANDERS

3. (b) If veteran, _____ 3. (c) Social Security _____
 name war _____ No. _____

4. Sex F / 5. Color or race w
 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 26 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 10 hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business house wife12. Name Alexandra Shapely13. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant Mr. Charles Sanders(b) Address Granley mo17. (a) Buried (b) Date thereof 3 9 48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Granbury 9 4818. (a) Signature of funeral director Culver Judd(b) Address Granley19. (a) 3-7-48 (b) M. J. Young
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Newton 73
 (c) City or town Granley mo 1
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 5
 year 1948 hour unknown minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 1948;

that I last saw him alive on March 5, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cause of death unknownDue to Natural causes

Due to Had been dead several hours when found.

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____

Of operations _____
 Of autopsy 200A
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 2

23. Signature Corley Thompson (M.D. or other) CorleyAddress Nebo mo Date signed 3/5/48

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1948

RECEIVED

District Health Officer No. Newton

District File Number 348-266

Date Filed 3-9-48

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.....

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. March
Registrar's No. 10

Registration District No. 247

Primary Registration District No. 4366

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Mary J. Sanders

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

Nov 26 1884
(Month) (Day) (Year)

8. AGE:

76 years 3 months 3 days (If less than one day
hr. min.)

9. Birthplace

(City, town, or county) (State or foreign country) Lowry

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b)

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March
year 1948 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from
to to, 19
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

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?

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

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

S-5617. 1948