

S. No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9577
Registrar's No. 19

FILED APR 12 1948

Registration District No. 251

Primary Registration District No. 3048

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution:
614 West Second
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 54 years

3. (a) PRINT FULL NAME ELLEN DETTA SANDERS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female / 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Franklin P. Sanders

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Feb. 13 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>1</u>	<u>12</u>	<u>hr. min.</u>

9. Birthplace Tazewell Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name James Sykes

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

14. Maiden name Julia Ettg Signs

15. Birthplace Manchester Co. N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel W. Sanders

(b) Address Maryville, Missouri

17. (a) burial
(Burial, cremation, or removal)

(b) Date thereof 3/29/48
(Month) (Day) (Year)

(c) Place: burial or cremation White Cloud

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Missouri

19. (a) 4-3-48
(Date received local registrar)

(b) Bess Holt
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 1417 East Jenkins
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1948 hour 9 minute 44 P.M.

21. I hereby certify that I attended the deceased from May, 1947 to May, 1948;
that I last saw her alive on March 25, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Culmonary A. & py with embolus

Duration 5

Due to _____

Due to _____

Other conditions 490
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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) (Specify type of work)

23. Signature B. F. Ryland (M. D. or other) MD

Address Maryville Mo Date signed 3/27/48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Clem M. Price

Licensed Embalmer No. 1522

P. O. Address. Maryville 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.