National Office of Vital Statistics

FILED JUN 3 1948

STANDARD CERTIFICATE OF DEATH

State File No. 18502

Registration District No. 066 Primary Registration District No. 6244 Registrar's No. 37

1. PLACE OF DEATH:
(a) County: Washington
(b) City or town: Old Mines – Union
(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
In this community: 40-7-28. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Washington 110
(c) City or town: Old Mines Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Miner A. Sanders
3. (b) If veteran, name war: 0
3. (c) Social Security No. 495-12-8701
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Maggie Sanders
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: May (Month) 15 (Day) 1873 (Year)

8. AGE: Years 75 Months 0 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace: Jefferson Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:

MOTHER FATHER
12. Name: Caleb Sanders 1
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Jane Dearing 0
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Maggie Sanders
(b) Address: Old Mines Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill Cem.
18. (a) Signature of funeral director: Boyer Funeral Home
(b) Address: Potosi Mo.
19. (a) 6/1/48 (Date received by local registrar) (b) Helen Kendall (Registrar's signature) 1/2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: may day: 21 year: 1948 hour: 10 minute: 30 P.M.

21. I hereby certify that I attended the deceased from 20 May, 1948, to 21 May, 1948, that I last saw alive on 21 May, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio-pneumonia	2 days
Due to: Intestinal obstruction cause under	3 days
Due to:	
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: 0

23. Signature: Noel V. McMurtry (M. D. or other) M.D.
Address: DeSoto, Mo. Date signed: 22 May 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 648-708

Date Filed 6-2-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ##### Howard Higginbotham Registered Apprentice No. 53 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4158

P. O. Address Potosi 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.