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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948
Registration District No. 1981

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15058

State File No.
Registrar's No. 27

Primary Registration District No. 5393

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava Rural Banton
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas
(c) City or town Ava
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

34
100

3. (a) PRINT FULL NAME James Henry Sanders
3. (b) If veteran, No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Sanders
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased September 29, 1874

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9
year 1948 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from
19 to 19
that I last saw alive on 5 - a
and that death occurred on the date and hour stated above.
Immediate cause of death
Dysentery
Due to
Coronary Atherosclerosis
Due to
Other conditions
Major findings
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

8. AGE: Years 71 Months 7 Days 10
9. Birthplace Ava, Missouri
10. Usual occupation Farmer
11. Industry or business
12. Name Ben Sanders
13. Birthplace Unknown
14. Maiden name Nancy Billingsley
15. Birthplace Unknown
16. (a) Informant Earl Sanders
(b) Address Ava, Missouri
17. (a) Burial (b) Date thereof 5-11-48
(c) Place: burial or cremation Mt. Taber
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) Jones - us (b) Uestal Bushman

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature M. C. Gentry (M. D.)
Address Ava, Mo Date signed 5-14-48

RECEIVED

District Health Officer No. 6;

District File Number 648-724

Date Filed JUN 18 1948

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. 3431

P. O. Address Oran, 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.