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47
39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22710

Registration District No. 701 Primary Registration District No. 5401 Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Drury, Rural, Champion
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34 0
(c) City or town Drury Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Harrison Sanders
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Feba Ann Austin Sanders
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Feb. 6, 1874 (Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Buckhart, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Frances Sanders
13. Birthplace Richville, Missouri -0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Slate
15. Birthplace Mansfield, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Ethel Johnston
(b) Address Drury, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) July 9-48 (Date received local registrar) (b) Vestal Bushman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1948 hour 12 minute 15 A. M.
21. I hereby certify that I attended the deceased from June 1943, 19, to June 1st, 1948
that I last saw him alive on June 1st, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia	3 Days
Due to Concussion of Right Side of face	6 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 53	
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 M. C. Gentry (M. D. ~~or other~~)
Address Ava MO Date signed 6-28-48

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

RECEIVED
District Health Officer No. 6,
District File Number 148-832
Date Filed JUL 16 1945

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 Charles P. Fish, Registered Apprentice No. 45, working under my personal supervision.

Signed W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ara 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.