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FILED OCT 19 1948

State File No. _____

Registration District No. 138

Primary Registration District No. 5521

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Hermitage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory ⁴³
(c) City or town Hermitage ³³
(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 _____

3. (a) PRINT FULL NAME Jacob Sanders

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Sandra 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 12 30 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Jacob Sanders

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Taney Robinson

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Jacob Sanders, Jr.

(b) Address Hermitage, Mo

17. (a) Burial (b) Date thereof 9-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermitage Cemetery

18. (a) Signature of funeral director Robert H. Harkaway

(b) Address Hermitage, Mo

19. (a) Oct 15-1948 (b) W. O. Hargiss
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28th
year 1948 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept 13 1948 to Sept 28 1948
that I last saw him alive on Sept 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Instant

Due to Chronic myocarditis with decompensation 6 mos.

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

Major findings: Of operations 935
Of autopsy _____

Duration
Instant
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) (c) Means of injury _____

23. Signature Don J. Selby (M. D. or other)
Address Springfield, Mo Date signed 10-5-48

RECEIVED

District Health Officer No. 7:

District File Number 9-48-1207

Date Filed 10-18-48

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 Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Westland, Md

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.