

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

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 2 1948 3

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37565  
Registrar's No. 81

Registration District No. 223 Primary Registration District No. 5919

1. PLACE OF DEATH:  
(a) County Perry County  
(b) City or town Rural, Saline-Twp.  
(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 7 1/2 yr. 2 Mo. 23 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Perry 79  
(c) City or town Rural 0  
(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)  
If yes, name country.

3. (a) PRINT FULL NAME Thomas B. Sanders  
(b) If veteran, name war. (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 Wife  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Sep. 1st. 1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 24th.  
year 1948 hour 4 minute A M.  
21. I hereby certify that I attended the deceased from 29 Oct 1948 to 24 Nov 1948  
that I last saw him alive on 23 Nov 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
74 2 23 hr. min.

Immediate cause of death myocardial infarction  
Due to hypertension 2 yr.  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

9. Birthplace Perry County, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer  
11. Industry or business  
12. Name  
13. Birthplace  
14. Maiden name Lettia Ann Burgee  
15. Birthplace Perry County, Mo. 0  
(City, town, or county) (State or foreign country)

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.

16. (a) Informant Mayme C. Sanders  
(b) Address Perryville, Mo. Rt. 3  
17. (a) Burial (b) Date thereof 11-26-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Perryville, Mo.  
18. (a) Signature of funeral director Young's Sons  
(b) Address Perryville, Mo.  
19. (a) 11-24-48 (b) Jos J. Zochman  
(Date received local registrar) (Registrar's signature)

23. Signature Jerome P. Redall (M. D. or other)  
Address Perryville, Mo. Date signed 24 Nov 48

(Licensed Embalmer's Statement on Reverse Side)

MOTHER FATHER

Duration  
1 yr.  
2 yr.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

License No. 4  
District No. 1248-1484  
Date Filed 12-1-48

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 Wallace Young  
Licensed Embalmer No. 4027  
P. O. Address Perryville, 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.