S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1949

Registration District No. 4427

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~290~~ 5983

State File No. 41110

Registrar's No. 3

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Cullen Twp. Rural
(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 years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski 85
(c) City or town Cullen Twp. Rural 3
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Margaret Ella Sanders
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Sanders
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased Nov. (Month) 21 (Day) 1871 (Year)

8. AGE: Years 76 Months 11 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Franklin Co. (City, town, or county) Mo. (State or foreign country) U
10. Usual occupation Housewife
11. Industry or business .....
12. Name Thomas Phillips (FATHER) U
13. Birthplace ..... (City, town, or county) Mo. (State or foreign country)
14. Maiden name Isabel Hammock (MOTHER) U
15. Birthplace ..... (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Cecil Sanders
(b) Address Waynesville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Gospel Ridge ~~Laclede~~ Cemetery
18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Waynesville, Mo.
19. (a) 1-6-49 (Date received local registrar) (b) Thelma C. Buchholz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1948 hour 6:45 minute A M.
21. I hereby certify that I attended the deceased from Oct 2, 1948, to Oct 27, 1948, that I last saw him alive on Oct 27, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature R O Dewitt (M. D. or other) DO
Address Waynesville, Mo. Date signed Dec 7, 1948

(Licensed Embalmer's Statement on Reverse Side)

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 (Paul B. Hoops)

Licensed Embalmer No. 3261

P. O. Address Waynesville N

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.