

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 3705BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4483 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rutledge</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rutledge MO</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u> b. (Middle) <u>E</u> c. (Last) <u>Sanner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan 10 1874</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR
		<u>married</u>	<u>74</u>	Months	IF UNDER 24 HOURS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>		<u>Housewife</u>	<u>Hennaoon Texas</u>	<u>U.S.</u>	

13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Brandon</u>		14. NAME OF HUSBAND OR WIFE <u>William Sanner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Chronic Myocarditis</u>		DUE TO (b) _____			<u>1 year</u>	
ANTECEDENT CAUSES - *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		422				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

2. I hereby certify that I attended the deceased from Sept 10, 1948, to Jan 3, 1949, that I last saw the deceased alive on Jan 3, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Lowe Do</u>		(Degree or title) <u>2</u>		23b. ADDRESS <u>Memphis MO</u>		23c. DATE SIGNED <u>1/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Jan 6 1948</u>		<u>Pauline Cemetary</u>		<u>Rutledge MO.</u>	
DATE REC'D BY LOCAL REG. <u>1/14/49</u>		REGISTRAR'S SIGNATURE <u>OTM Baker</u>		407		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gertha Baskett Memphis MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 425-8

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Wilmington

**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.