

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
c. LENGTH OF STAY (In this place) YRS		d. STREET ADDRESS (If rural, give location) 921 FURNACE STREET 0495 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION 921 FURNACE STREET.			

3. NAME OF DECEASED a. (First) RUFUS		b. (Middle)		c. (Last) SANDERS		4. DATE OF DEATH (Month) (Day) (Year) JAN. 21, 1956	
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5. SEX M	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 25, 1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 2 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE MAN		10b. KIND OF BUSINESS OR INDUSTRY JOPLIN PTG. CO.		11. BIRTHPLACE (State or foreign country) LONGVIEW, TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JEFF SANDERS		13b. MOTHER'S MAIDEN NAME JULIE -----		14. NAME OF HUSBAND OR WIFE MRS. DAISY SANDERS	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES W. W. I.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MRS. DAISY SANDERS, 921 FURNACE ST.		ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH about 2 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		undetermined
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis, hypertrophied prostate, cerebral degeneration.		undetermined

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 19 50, to 1-21, 19 56, that I last saw the deceased alive on 1-21, 19 56, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Steve Parker</i>	23b. ADDRESS 410 Jackson Ave., Joplin, Mo.	23c. DATE SIGNED 1-24-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-24-56	24c. NAME OF CEMETERY OR CREMATORY PARKWAY CEMETERY	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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DATE REC'D BY LOCAL REG. 1-27-56	REGISTRAR'S SIGNATURE <i>Delores Sampson</i>	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 1 1956
Jasper County Health Office
County File Number 56-2-101
Date Filed FEB 1 1956

3581 8 933
FEB 3 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.