

JUL 1 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22742  
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 587  
 (b) Township Woodlawn Primary Registration District No. 1585  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 560 John Colborn Sanner St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Sanner  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-4-1846  
 7. AGE YEARS 93 MONTHS 3 DAYS 26 IF LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co., Mo.  
 FATHER 13. NAME Jacob Sanner 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn  
 MOTHER 15. MAIDEN NAME Hilda Colborn 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn  
 17. INFORMANT (ADDRESS) Russell Sanner  
Madison Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE June 1, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. P. Thompson  
Shelbyville, Mo.  
 20. FILED June 1, 1939 N. J. Wedderson  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from April 2, 1939 to May 30, 1939  
 I last saw him alive on May 29, 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis and Prostatitis  
 Date of onset 1911  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) J. A. Skyles, M. D.  
57 (Address) Madison Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Dr. J. A. Hyatt*

RECEIVED

District Health Officer No. 10

District File Number 7-39-1308

Date Filed JUL 17 1939

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 *E. P. Thompson*

Licensed Embalmer No. 4182

P. O. Address Shelbyville, Ky.

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, above space should be left blank.