

REC'D AUG 10 1939

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

26940

Do not use this space.

1. PLACE OF DEATH

(a) County Saline 3 Registration District No. 2916
(b) Township Marshall 1 Primary Registration District No. 3038
(c) City Marshall (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

536 Dorothy Lee Sanders
(a) Residence, No. Pennington to mo. 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 ♀ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17 6 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) Pennington Co. Mo.13. NAME D. W. Sanders14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.15. MAIDEN NAME Aratee Jackson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.17. INFORMANT (ADDRESS) Mo. State School Record Marshall Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. State School DATE 7-6-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos. & McCray Marshall Mo.20. FILED 7-6-39 Mary Kenner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 11, 1934, to July 4, 1939I last saw her alive on July 4, 1939. Death is saidto have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis

Date of onset

July 3, 1939

Other contributory causes of importance:

EpilepsyName of operation Appendectomy Date of July 3rd

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? Yes

If so, specify _____

(Signed) W. K. Oster, M. D.(Address) Marshall Mo.97
11
41

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2/2/39

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.....
K. W. - Cray

Licensed Embalmer No. *315-3*

P. O. Address *Manassas, Md*

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.