

NOV 20 1939

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

36979  
Do not use this space.

1. PLACE OF DEATH  
(a) County Randolph Registration District No. 735  
(b) Township \_\_\_\_\_ Primary Registration District No. 3934  
(c) City Moberly (d) Street No. Nash Hospital Registered No. 205  
(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 William Sanders  
(a) Residence, No. 1809 E. 9th St. Keosauqua (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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maud Sanders  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25-1875  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 - 2  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labour  
9. Industry or business in which work was done, as saw mill, bank, etc. Labour  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October, 27, 1939  
22. I HEREBY CERTIFY, That I attended deceased from August 5, 1939, to October 27, 1939  
I last saw him alive on October 27, 1939. Death is said to have occurred on the date stated above, at 10:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis  
34  
Date of onset July 1939  
Other contributory causes of importance: None

Name of operation None 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? no  
If so, specify \_\_\_\_\_  
(Signed) W. R. Langston, M.D. M. D.  
Moberly Mo. (Address)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss  
13. NAME Dont Know  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss  
15. MAIDEN NAME Dont Know  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know  
17. INFORMANT (ADDRESS) Maud Sanders  
1809 E. 9th St.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE 10-31-39  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) West Appletton Jones  
1905 Vine St. Keosauqua  
20. FILED Oct 28, 1939 Seal Williams Local Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.  
50M-1-12-38  
1 X14028

FEB 18 1948

RECEIVED

District Health Officer No. 10

File Number 11-39-1937

Date Filed NOV 15 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 \_\_\_\_\_

Licensed Embalmer No. 2710

P. O. Address 1907 Vine St.

**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.**