

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH: Pike
 (a) County Louisiana
 (b) City or town Louisiana
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pike County Hospital 1
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 8 days (Specify whether
 In this community 8 days years, months or days)

3. (a) PRINT FULL NAME Walter Hayden Sanderson
 8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Pattie Frier Sanderson 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased December 31 1858 (Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Bedford Co Va 1 (City, town, or county) (State or foreign country)

10. Usual occupation Merchant 1

11. Industry or business retired 1

MOTHER FATHER { 12. Name John E. Sanderson
 13. Birthplace Bedford Co Va (City, town, or county) (State or foreign country)
 14. Maiden name Mary G. Thompson
 15. Birthplace Bedford Co Va (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kay P. Sanderson
 (b) Address Bowling Green Mo.

17. (a) Burial (b) Date thereof Nov 22 1939 (Month) (Day) (Year)
 (c) Place: burial or cremation Bowling Green Mo

18. (a) Signature of funeral director Fisher & Co
 (b) Address Franklin mo

19. (a) 11/22/39 (b) R. Maer 1/6/21 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo 1 (b) County Pike
 (c) City or town Bowling Green (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th
 year 1939 hour 6 minute 50 P.M.
 21. I hereby certify that I attended the deceased from Nov. 11, 1939
 _____, 19____, to Nov. 20 1939
 that I last saw him alive on Nov. 20 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic reports
cardio sclerosis
 Due to _____
 Due to _____

Other conditions _____ (include pregnancy within 3 months of death) 121

Major findings: Of operations none
 Of autopsy none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence none
 (c) Where did injury occur? none (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or _____)
 Address Jonesboro Mo Date signed 1/20/41

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2052

Date Filed DEC 5 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 Lawrence Fields Megaw

Licensed Embalmer No. 40950

P. O. Address Frankford 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, above space should be left blank.